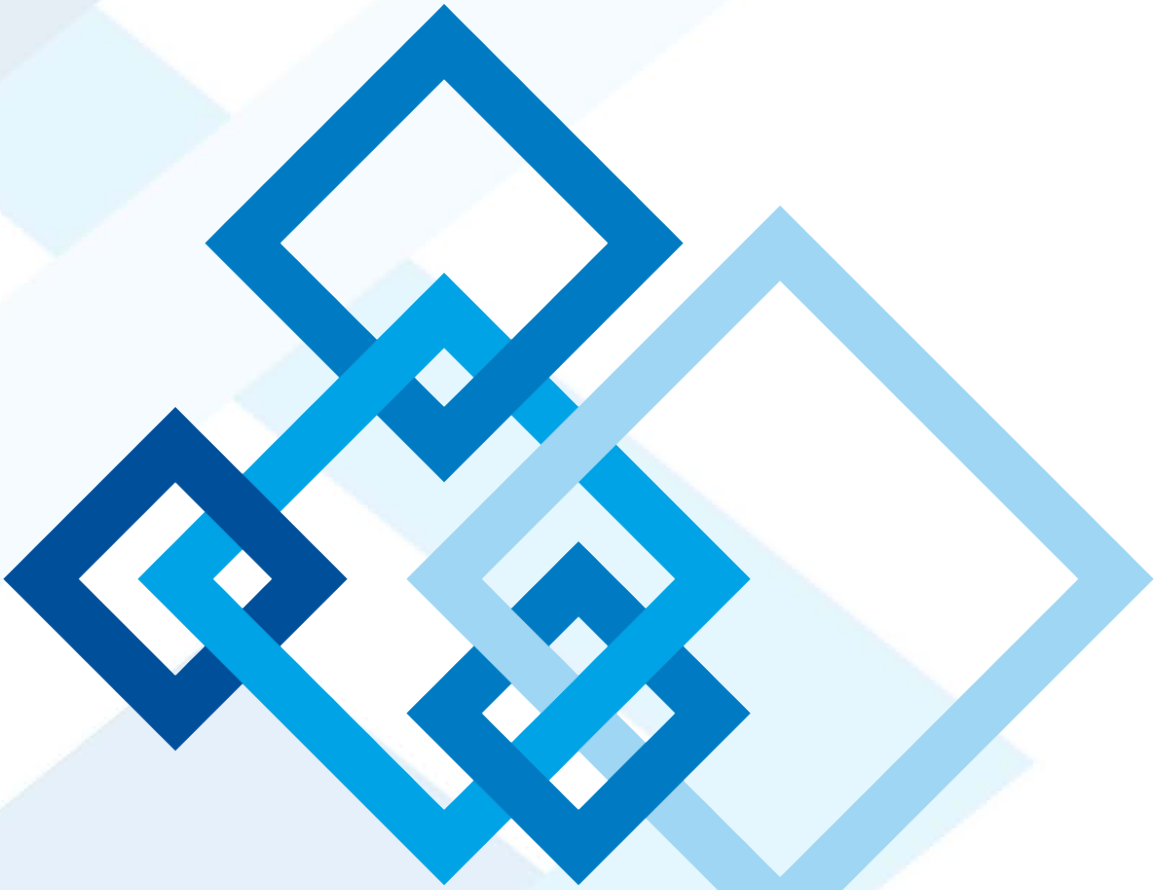
NHS

Commissioning Alliance

Brighton and Hove CCG
Crawley CCG
East Surrey CCG
High Weald Lewes Havens CCG
Horsham and Mid Sussex CCG



CSESCA Risk Management Strategy

Version: 1.1 – October 2018

Date approved: 24/25 October 2018

Document control sheet

Title of Document:	**NHS Central Sussex and East Surrey Commissioning Alliance Risk Management Strategy**		
Document Reference:			
Supersedes:	Individual CCG Risk Management Strategies		
Placement in Organisation:	Alliance Wide		
Consultation/Stakeholders	TIAA (Internal auditor)		
Author(s) Name:	Owen Floodgate		
Department/Team:	Corporate Affairs		
Approved By:	CSESCA Alliance Governing Bodies		
Approval Date:	24 October 2018 – CSESCA South CCGs 25 October 2018 – CSESCA North CCGs	**Review Date:**	October 2019
Implementation Date:	25 October 2018		
Implementation Method:	Sent to each member of staff and specific training given to Managers within the Alliance		
Version Control	*PLEASE NOTE: the most recent version of this document is available on the CESECA CCGs' websites. Printed copies (or saved electronic copies) must be checked to ensure they match the most recent version.*		

This document is to be read in conjunction with the following documents:
Alliance Risk Management Policy and Procedure;

Freedom to Speak Up Policy;

Alliance Corporate Objectives, Vision and Values; and

Alliance Governance Structure, Constitution and relevant.

Version	Date	Reviewer	Action
0.1	May 2018	Owen Floodgate, Senior Manager	Draft strategy produced

		Legal and Assurance	
0.2	August 2018	Louise O'Byrne, Governance Lead South	Draft strategy reviewed and updated for clarity in places, and to reflect the actual emerging arrangements for Risk Management within the Alliance. Also amended to incorporate: - Feedback from internal (Corporate Affairs) colleagues - Recommendations in 2017/18 internal audit reports on Risk Management for all CSESCA CCGs. - Recommendations from June 2018 PwC governance reviews of all CCGs. - Feedback from TIAA (Internal auditor) on Draft Version 0.1 of this Strategy.
0.2 if changes needed)	6 Sept 2018 [planned]	CSESCA SMT	Approved for recommendation to Alliance Governing Bodies
	Sept (various dates)	CSESCA Audit Committees	Amendments made as requested by Alliance Audit Committees
1.0	25 Sept 2018	All CSESCA Governing Bodies	Approved for implementation subject to finalisation of the Risk Appetite statement by CAO and Audit Committee Chairs
1.1	24 October 2018	CSESCA South Governing Bodies	Final version of Risk Appetite Statement noted.
1.1	25 October 2018	CSESCA North Governing Bodies	Final version of Risk Appetite Statement noted.

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Introduction

1.1 The Central Sussex and East Surrey Commissioning Alliance (the 'Alliance') is an alliance of five NHS Clinical Commissioning Groups working together to collaboratively commission health services for the population Central Sussex and East. The membership of the Alliance consists of the following CCGs:

East Surrey CCG;
Horsham Mid Sussex CCG;
Crawley CCG;
Brighton and Hove CCG; and
High Weald Lewes Havens CCG.

1.2 As the Alliance brings together five independent organisations which have historically used different practices and procedures, it is important that the Alliance takes a consistent approach to risk management. Accordingly, this strategy has been created which will be applied uniformly across the Alliance.

1.3 This Strategy sets out the structure, system and accountabilities within the Alliance for the management of all types of risk to which the Alliance may be exposed. It also sets out the key responsibilities of staff, which include:

- Being familiar with and complying with the Risk Management Strategy, Policy and supporting procedures and with all other relevant policies and procedures;
- Reporting incidents, accidents and near misses following procedures set out in the Incident Reporting and Investigation Policy and supporting procedures;
- Raising and recording risk as they become aware of it and actively monitoring risk at an appropriate level; and
- Acknowledging that risk management is the responsibility of all employees (and Governing Body Members) within the Alliance.

Purpose

2.1 NHS organisations are required to sign an Annual Governance Statement to provide reasonable assurance that they have been properly informed about the totality of their risks and can evidence that they have identified the

	organisation's objectives (See Appendix 1) and managed the principal risks to achieving them. This includes all measures and practices that are used to control and manage risks. The system operates at all levels within the organisation and is continuously monitored for effectiveness on behalf of the Alliance and by each of the Governing Bodies and their respective Committees.
2.2	The purpose of this document is to define the Strategy that the organisation will use to support the development of a rigorous risk management process. The supporting Alliance Risk Management Policy and Procedure will assist staff in ensuring as far as is reasonably practicable that all risks are identified and controlled.
2.3	The Strategy will: • Ensure that risk management is an integral part of organisational culture; • Improve safety by addressing and effectively prioritising risk treatment plans; • Identify risks to achieving the Alliance's objectives requiring intervention; and • Drive a standardised, strategic and accessible approach to risk management.
2.4	The Risk Appetite statement for the Alliance is: The Alliance and its member CCGs will actively minimise risks that impact on patient safety. It will not tolerate fraud and will work to ensure compliance with all regulatory requirements. It has a low risk appetite for financial risk but recognises that in some circumstance the taking of considered and managed risks is necessary. The Alliance supports well managed risk taking and will ensure that the skills, ability and knowledge are in place to manage risks appropriately that can maximise population health and the sustainability of the services it commissions..

Alliance Leadership Level Commitment

3.1	The Alliance's Leadership recognises that risk management is an integral part of good management practice and to be most effective it must become part of the organisation's culture. Its leadership is therefore committed to ensuring that risk management forms a part of their philosophy, practice, planning and delivery (rather than being viewed or practised as a separate programme) and that responsibility for implementation is accepted at all levels of the organisation.
3.2	A Fair Blame Culture The organisation supports a 'fair blame' culture. Staff reporting or directly involved in incidents are assured that any investigation will be carried out fairly, without prejudice and with the aim of identifying and correcting the underlying causes of the incident to prevent recurrence.
3.3	Raising Matters of Concern (Whistleblowing) All staff should be familiar with the Alliance's Freedom to Speak Up Policy which sets out procedures and guidance to staff on raising concerns, the requirements of the Public Interest Disclosure Act 1998 (Department of Health Circular HSC 1999/198) and Freedom to speak up: raising concerns (whistleblowing) policy for NHS – April 2016 (NHS Improvement).
3.4	Each CCG within the Alliance has a Freedom to Speak up Guardian to whom staff may raise concerns; their details may be found on each CCG website.

Definitions of Risk

4.1	Risk can be defined as 'the possibility of incurring misfortune or loss' (Oxford English Dictionary) for example through the occurrence of an event that may either cause harm or have an impact upon patients, staff, visitors, partner organisations, strategic objectives, assets and/or reputation. In particular: • Any element which has the potential to damage or threaten the achievement of the objectives, programme or service delivery of the organisation; • Anything that could damage the reputation of the organisation and undermine the public's confidence in the organisation; • Failure to guard against impropriety, malpractice, waste or poor value for money. • Failure to comply with regulations or legislation such as those covering Information Governance, Health & Safety and the environment. • An inability to respond to or manage changed circumstances in a way that prevents or minimises adverse effects on the delivery of the organisation's strategic objectives.

Definition of Risk Management

5.1	Risk management is the proactive identification, classification, communication and control of events and activities to which the organisation is exposed.
5.2	'Risk management involves managing to achieve an appropriate balance between realising opportunities for gains while minimising losses. It is an integral part of good management practice and an essential element of good corporate governance. It is an iterative process consisting of steps that, when undertaken in sequence, enable continuous improvement in decision-making, and facilitate continuous improvement in performance.' (Australian Standard, Risk Management AS/NZS 4360:2004).
5.3	Risk Management in the organisation occurs using the following risk assessment and management tools and mechanisms: • **Analysis** and evaluation of the likelihood and consequences of risks. • Management of risks through development of action plans to eliminate, control or transfer them, ensuring reduction of likelihood and/or severity of impact to an acceptable level. • Ensuring risks identified by organisation staff and/or members are recorded in a clear, comprehensive and timely manner on the organisation's risk management system. • Monitoring, reviewing and updating risks and the implementation of the associated action plans by regular reviews of the risk registers. • Communicating through a documented process, risks associated with an activity or process. • Ensuring the reporting, monitoring of investigations, recording and trend analysis of all commissioner and provider related Serious Untoward Incidents reported. • Application of the Policy and Procedures for Reporting and Managing Incidents and Serious Incidents; however, where the cause of an incident cannot be immediately eliminated, the risk(s) identified as a result of any incident reported will then also go on to be managed proactively, through risk assessment and management.

Objectives of the Strategy

6.1	There should be a holistic approach to risk management across the organisation which embraces financial, organisational, clinical and non-clinical risks and in which all parts of the organisation should be involved.
6.2	In terms of risk management one aim of the organisation is to take all reasonable steps in the management of risk with the overall objective of protecting patients, staff, the public and assets. A primary concern is the provision of safe, risk-free environments together with working policies and practices which take into account assessed risks.
6.3	The Strategy provides a framework for managing risks to the organisation's objectives and to achieve the following: • The integration of risk management with the organisation's Corporate Goals, Strategies and Objectives and with local (directorate / team) objectives that support these; • The convergence of organisational controls and assurance, financial controls and assurance and clinical and social governance systems; and • Compliance with Department of Health and legislative requirements.
6.4	In order to achieve these objectives the organisation will adopt a proactive approach with a risk management policy and procedure which aims to meet its strategic objectives, preserve its assets and reputation and to provide protection against preventable injury and loss to employees, patients and the general public.
6.5	The Strategy applies to every employee of the organisation and contractors and other third parties working with the organisation. Managers at all levels are expected to make risk management a fundamental part of their approach to clinical and corporate governance.

Accountabilities, Duties, Responsibilities

7.1	**The CCG Governing Bodies**, working collaboratively through the Alliance, have the authority for the systems of internal control – financial, organisational, clinical and non-clinical. They seek regular assurance on whether its Risk Management system is in place and functioning properly and therefore makes a fully informed Annual Governance Statement. They receive reports and information from relevant sources from both within and outside of the Alliance. They receive the Assurance Framework (see page 10), reviews key controls and assurances in place for those risks and monitors action plans for any identified gaps in controls or assurances.

7.2	**The Chief Accountable Officer** has overall responsibility for ensuring that an effective risk management system is in place. They are also responsible for ensuring there is an adequate control system in place.
7.3	**The Director of Corporate Affairs** is accountable to the Accountable Officer and is responsible for ensuring (and reporting to the CCG Governing Body or other appropriately established committee and the Audit and Risk Committee function) that systems and structures are in place for the effective management of financial risk and organisational controls.
7.4	**The Chief Nurse** is accountable to the CCG Accountable Officer and is responsible for ensuring (and reporting to the Governing Body or other appropriately established committees) that systems and structures are in place for the effective management of clinical quality and safety.
7.5	**The Deputy Director, Board and Corporate Services** has delegated responsibility for managing the development and implementation of risk management systems. They are responsible for ensuring that there are effective systems for risk management.
7.6	**The Caldicott Guardian** ensures that the Caldicott principles, for managing information and ensuring its security and integrity, are adhered to by staff within the Alliance
7.7	**The Senior Information Risk Owner** has responsibility for managing Information Risks across the Alliance.
7.8	**Member Practices -** It is recognised that member practices will have their own risk management processes in place. However, when individuals are undertaking the business of the Alliance this Risk Management Strategy and the associated Risk Management Policy and Procedure will apply.
7.9	**Directors, Senior Managers and Managers** are responsible for implementing the Risk Management Policy and procedure within their span of control and for ensuring that staff undertake all relevant mandatory training. Managers must ensure that relevant risks are identified, assessed, reviewed and appropriately managed. They are responsible for ensuring the entering of risks on the Risk Management System. This ensures risks are fully auditable and are recorded on either Team or Corporate Risk Registers. Managers should ensure they discuss risks with relevant Senior Managers and Directors as appropriate.
7.10	**Staff** should be acknowledging that risk management is the responsibility of all organisation employees, they are encouraged to identify risks and advise their line managers.

7.11	Key responsibilities of all staff include: • Being familiar with and complying with the Risk Management Strategy, Policy and Procedures and with all other Alliance policies and procedures. • Reporting incidents, accidents and near misses following procedures set out in the Policy and Procedures for Reporting and Managing Incidents and Serious Incidents. • Being aware of their duty under legislation to take reasonable care for personal safety and the safety of all others who may be affected by the organisation's business. • Complying with organisational rules, regulations and instructions to protect health and safety.

Implementation

8.1	Alliance Directors and Managers, or their designated representatives, will implement the Strategy by: • Having adequate knowledge of and / or access to all relevant legislation in order to ensure that compliance to such legislation is maintained; • Making adequate resources available to provide safe systems of work. This will include making risk assessments, having appropriate control measures, raising outstanding concerns, ensuring safe working procedures / practices and continued monitoring and revision; • Discussing with direct reports how they seek to achieve their individual objectives and consider how 'risks' related to achievement of their objectives are identified, prioritised and tackled; Monitoring relevant quality and performance in commissioned services

Risk Management Structure

9.1	As noted above, the **Governing Bodies** of the CCGs within the Alliance receives assurance as to whether risks are being effectively managed. They receive assurance through the Alliance governance arrangements via reporting to the place based Management Teams, the Alliance Executive team, and the CCG committees with responsibilities for finance audit, quality and risk.
9.2	**The Head of Internal Audit** is commissioned by the CCGs to implement a programme of verification to ensure that the systems and controls the organisation has in place are sufficient and to provide an opinion to the

	Director of Corporate Affairs and the Audit and Risk Committee
9.3	**The five CCG Audit and Risk Committees** provide an objective view on internal control and risk management to the CCG Governing Body that is independent of executive and line management. The Audit and Risk Committees scrutinise the CCG Governing Body Assurance Framework. They provide assurance as to the robustness of risk management systems within the organisation and the level of deployment across the organisation.
9.4	**The CCG Quality and Safety Committees** scrutinise the clinical risks and the Governing Body Assurance Framework and provide assurance that individual clinical risks are being effectively managed and that the actions to treat the high level risks are sufficient and are having the desired effect within the agreed timescales. They periodically review any other relevant risk documentation.
9.5	**The Finance and Performance Committees** scrutinise the corporate risks relating to finance and performance and the Governing Body Assurance Framework and provide assurance that individual corporate risks are being effectively managed and that the actions to treat the high level risks are sufficient and are having the desired effect within the agreed timescales. They periodically review any other relevant risk documentation.
9.6	**The North/South Place Management Teams** are responsible for the operational delivery of agreed strategy and strategic commissioning intentions and as such also reviews the organisation's risks associated with its operation and commissioning functions. The NP/SPMTs further ensures the organisation is aware of and complies with its legal and statutory obligations and operates in a safe and legally compliant manner. The Alliance Governance Structure is described in Appendix 2 of this Strategy

Risk Management System

10.1	The risk management system is designed to focus management attention on risks at the appropriate level in the organisation. In particular it is designed to set the most significant, 'principal' risks before the CCG Governing Bodies in order that resources can be applied to implement controls that mitigate the risks, and to gain assurances that those controls are effective.
10.2	The Risk Management Policy and Procedure set out how the system delivers this Risk Management Strategy. The key components of the Risk Management System are: **Risk Management Tool** – All team and commissioning managers have responsibility to record identified risks on the Risk Management system. This

ensures risks at all levels are held in a central location which is fully auditable.

Risk Registers – These are held on the risk management system at both team and corporate level. Risk Registers contain all identified risks, details of their control and actions for mitigation which are acted upon in a timely fashion. The Alliance Corporate Risk Register captures top risks identified from the CCG Risk Registers scoring 15 and above. It is reviewed by the Quality and Safety Committees, the Finance and Performance Committees and the Audit and Risk Committees which are subcommittees of the Governing Bodies. The Corporate Risk Register is formally reported to the Governing Bodies of the individual CCGs within the Alliance. It clearly shows which CCG(s) any given risk relates to. The detailed scrutiny of these risks ensures that appropriate actions are being taken to mitigate the risks.

Risk Scores – risk scores are calculated in accordance with the NPSA Model Risk Matrix and are the product of the Impact/Consequence and the Likelihood of the risk arising (see Risk Policy Appendix A). Risks with a score below 10 will be monitored within the teams and programs reporting them. Risk with a score greater than 10 will be monitored and scrutinised at Directorate Business Meetings so that emerging risks are visible at to Directors. All risks with a Score of 12 or above will be reported to Place Management Teams (NPMT/SPMT). Those risks relating to clinical quality and safety will be reported to the Committee with responsibility for Quality and those risks relating to Finance and Performance will be reported to the Committee with responsibility for Finance where their score is 12 or greater. Risks with a score of 15 or greater will be entered on to the corporate risk register and reported to the appropriate Governing Bodies within the alliance.

This will allow risk to be managed at the appropriate level by the appropriate people within the Alliance. Arranging risks in this way on the Risk Management system allows for the creation of a single source for recording all risks, but only discussing appropriate risks within the Alliance risk management structure.

To ensure that risks are entered onto the Corporate Risk Register appropriately and consistently, each risk considered to score 15 or higher must be approved by an Alliance Director or their Deputy.

The Alliance Assurance Framework – is the key document enabling the Alliance and its Governing Bodies to understand the strategic risks facing the organisation. The framework incorporates the key risks which may compromise the achievement of the organisation's principal strategic goals and is the main tool for managing these risks within the organisation. The risks identified on the Assurance Framework cover the full range of corporate goals and include consideration of present risks, future risks, risks arising from within the organisation and risks occurring as a result of external

	pressures and changes. The Assurance Framework is submitted to every meeting of the Audit and Risk Committee and every meeting of the CCG Governing Bodies to ensure that they are aware of the totality of the risks which face the organisation together with action plans to address them. The detailed scrutiny of these risks ensures that appropriate controls and assurances are in place to manage the mitigation of these risks. The Governing Body objectives and the significant risks thereto, will be identified by the governing bodies at the beginning of each year and monitored throughout the year.
10.3	The Alliance Assurance Framework summarises the status of risks and progress against each of the Alliance Strategic Goals. It includes following information: • Summary of current status of the objective, with RAG rating and rationale for this rating. • Most significant gaps in assurances for each corporate goal. • Top three (or more) risks to achieving further progress towards achievement of each corporate goal. • Progress against corporate objectives which could materially impact on delivery of each goal (by exception). • Trajectory More detail on each risk will be captured in the Alliance Corporate Risk Register, as set out in the Risk Policy and Process.

Risk Assessment and Accepting Risk

11.1	The process for consistent assessment of risks (including use of the National Patient Safety Agency Risk Model Risk Matrix) is contained in the Risk Management Policy and Procedure. The organisation recognises that it is not possible to totally eliminate all risks and that systems of control should not be so rigid that they stifle imaginative use of limited resources in order to provide an effective service. All identified risks should be brought to the attention of the immediate line managers who will have the responsibility for making an initial assessment of the risk.
11.2	Risk will all be articulated in the "If…..Then….Resulting In….." format. In this format "If" refers to the risk event, "Then" refers to the cause of the event and "Resulting In" refers to the consequences. For example: *In the event that Patient identifiable data is lost, caused by an internal breach of the CCG's IG process, the Alliance may receive sanctions from the ICO and face reputational damage.*

Risk Management Process

12.1	Regular reviews are undertaken across the organisation to ensure that new risks are identified and assessed, that existing risks and their mitigating actions are tracked and kept up to date and that risks that have been successfully mitigated are closed. The recording of these actions is detailed in the Risk Management Policy and Procedure.

Consultation and Communication with Stakeholders

13.1	The Alliance has a duty to keep relevant stakeholders informed and, where appropriate, to consult them on the management of significant risks faced by the organisations. This is particularly important where risks are shared with or may impact upon partner organisations.

Process for Approval and Ratification

14.1	This document is approved by each CCG within the Alliance and reviewed by the individual CCG committees with responsibility for Audit. It will be reviewed annually or earlier as required in order to ensure that it is current, relevant and reflects the strategic goals, objectives, organisational structures and responsibilities of the organisation.

Dissemination and Implementation

15.1	Following ratification this strategy will be made available to all staff and all staff will be notified of its existence. Managers will be responsible for ensuring that staff are aware of the document. New staff will be alerted to the strategy and the supporting policy and procedure at induction training. On notification of a revised version of the procedural document, managers will be responsible for the destruction of all superseded paper based versions and electronic versions retained in their area.

Monitoring Compliance and Effectiveness

16.1	The Alliance CCGs will review their performance in the area of risk management through a specific annual internal audit on the Risk and Assurance Processes. This annual audit is reported to the individual CCG Committees with responsibility for Audit and will form the basis of the annual Head of Internal Audit Opinion on each organisation's arrangements for risk management and internal control. The Director of Corporate Affairs will review compliance with, and effectiveness of the risk management and internal control system annually in preparing the Annual Governance Statements.

16.2	Any trends resulting from possible policy non-compliance will be raised with staff through management routes. Relevant Committee Terms of Reference will be reviewed annually to maintain accuracy and appropriate focus.

References

17.1 **Guidance**

- The Healthy NHS Board 2013 – NHS Leadership Academy;
- The Risk Management Process, Federation of European Risk Management Associations (FERMA), 2005;
- A Risk Management Standard, The Association of Insurance and Risk Managers, (AIRMIC), 2002;
- International Organisation for Standardisation (ISO) /IEC Guide 73:2002 Risk Management;
- Risk Management Model (HSG65), Successful Health & Safety Management, HSE Books, 1997; and
- Risk and public Services, The London School of Economics and Political Science 2009.

17.2 **Supporting Documentation**

- Successful Health and Safety Management HSG65 HSE Books, 1997;
- Australian/New Zealand Standard 4360:2004 Risk Management;
- National Patient Safety Agency Risk Assessment Tool 2004 for assessment of levels of incident investigation;
- Management of Health and Safety at Work Regulations, 1999;
- Integrated Governance Handbook, Department of Health, 2006;
- Seven Steps to Patient Safety for Primary Care, NHS National Patient Safety Agency, 2006;
- Chapter 21, Government Accounting, HM Treasury, www.government-accounting.gov.uk;
- World Class Commissioning Assurance handbook 2009, The Department of Health; and
- Internal Control – Guidance for Directors on the Combined Code, The Institute

		of Chartered Accountants in England and Wales, 1999, revised October 2005 by the Financial Reporting Council, www.frc.org.uk

Appendix A – CSESCA Goals, Corporate Strategies and Corporate Objectives

Corporate Strategies	Corporate Objectives
AG1 To take control of, and lead our system by being stronger commissioners in order to deliver better outcomes for our population	
• Provide clarity to providers and better outcomes for patients through a single commissioning voice • Ensure better provider management • Lead the development of a new commissioning system that embeds prevention • Improve the quality and performance of all commissioned services, ensuring we meet our NHS Constitution Standards and the requirements set out in the NHS Mandate • Maximise the benefits of scale and scope of working as an Alliance of CCGs	1. Deliver a single, unified performance report for the Alliance by the end of Q1 2. Develop and enact a single contracting strategy and management approach across major providers 3. Secure improvement (or at least no material deterioration) in:- (i) key NHS constitutional standards, and (ii) CCG IAF clinical priorities 4. Develop and deliver 2018-19 winter plan in line with national requirements 5. Deliver a change programme to set up the Alliance and that enables staff to work together to achieve the benefits of working in Alliance
AG2 To enable the development of new local models of care for the benefit of our patients and public	
• Work with partner organisations, and engage the public and patients, on the development of new care models and proposals for integrated and self-care • Secure closer integration with the local authority in the commissioning of services • Transform out of hospital services by supporting the development of primary care at scale, and effective community services that maximise population health and well-being and reduce inequalities, including using asset-based approaches.	6. Develop plans for ICS delivery for North and South places and agree the infrastructure and road map necessary to implement the models of integrated care 7. Review joint commissioning arrangements with all top tier LAs and implement agreed governance and commissioning changes 8. Secure GP extended access in line with national requirements 9. Finalise integrated urgent care strategy and implement elements due for delivery in 2018-19

AG3 Deliver the best outcomes for our population and the individual within our allocated resources, and through the effective engagement of patients, staff and stakeholders.	
• Ensure that effective and inclusive public and patient participation underpins all of the work and decision-making of the CCGs • Secure financial sustainability by maximising efficiencies, reducing waste and prioritising services based on clinical and cost effectiveness • Maximising efficiencies by reducing waste and the prioritisation of NHS resource allocation, based on clinical and cost effectiveness • Ensure that the CCGs remain well led and governed at all times • Ensure that the CCGs continue to engage effectively with its membership • Ensure that staff are supported and developed in their roles and that a positive work culture continues to be fostered	10. Deliver a financial recovery plan that ensures Alliance CCGs achieve 2018-19 Control Totals 11. Implement a single Clinically Effective Commissioning governance structure and framework across the STP 12. Implement and embed an action plan responding to the recommendations in the Governance Review 13. Have held initial and then two subsequent Big Health and Care Conversations in each CCG 14. Secure improvement (or at least no material deterioration) in CCG IAF ratings for leadership 15. Achieve an overall green rating for each CCG in the IAF patient and community engagement indicators 16. Implement in full the action plan responding to the 2017-18 CCG staff surveys 17. Develop, agree, and begin to implement an Organisational Development plan for the Alliance 18. Develop, agree, and begin to implement an Equality and Diversity plan for the Alliance

Appendix B – Alliance Governance Structure

Currently under review and finalisation.

Appendix C - Board Assurance Framework template

A front sheet will be added to this document to introduce the BAF, explain the key assumptions behind the way it is completed, and so on.

AG1 To take control of, and lead our system by being stronger commissioners in order to deliver better

Exec Lead: Geraldine Hoban and Wendy Carberry **Last updated**: XXX	**Summary of current status:** add text	**Progress towards achieving goal - RAG rating**	A
Rationale for current rating	*add text.*	**Trajectory** *add graphic info - format tbc*	
Most significant gaps in assurances	*add text.* *NB: The Alliance will seek to support its risk management assurances with quantitative data wherever possible, taken from performance reporting, inspection reports and other sources*		
Top three risks to achieving further progress towards achievement of the corporate goal	*add text.NB although this template contains space for three risks, more could be included if needed.*	**Current risk score and RAG rating**	
	add text.	**Current risk score and RAG rating**	
	add text.	**Current risk score and RAG rating**	
Progress against corporate objectives which could materially impact on delivery of goal (by exception)	*Detail on objective - what the progress issues are and activities for the next period to address any concerns*	**Trajectory** **add graphic info - format tbc**	
	Detail on objective - what the progress issues are and activities for the next period to address any concerns	**Trajectory** **add graphic info - format tbc**	
	Detail on objective - what the progress issues are and activities for the next period to address any concerns	**Trajectory** **add graphic info - format tbc**	