

CCG Board

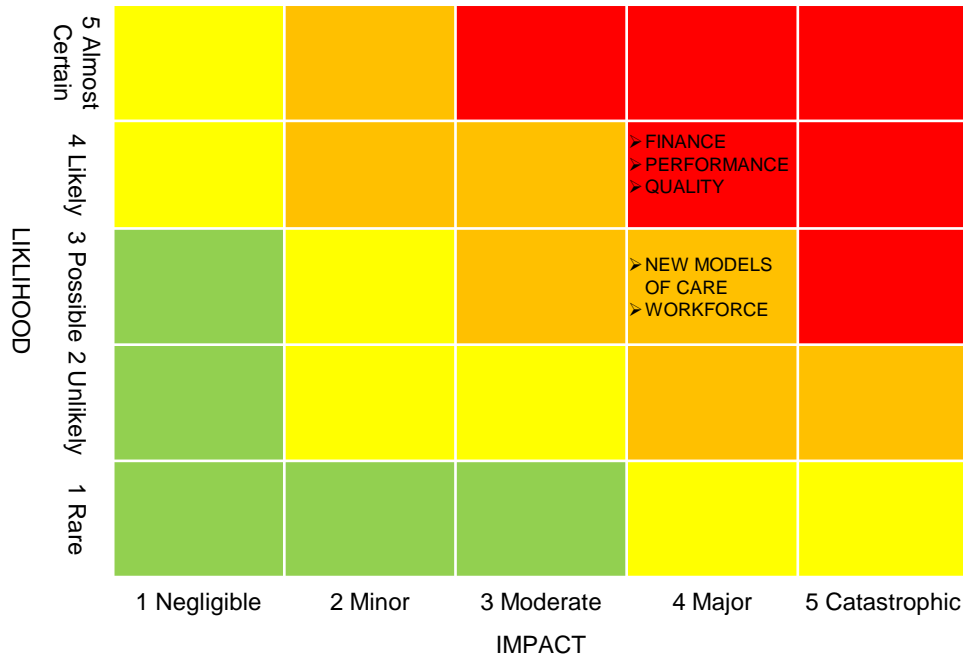
Date of meeting	28 March 2019		
Agenda Item	15	Paper No	WHCCG19/030

West Hampshire CCG Board Assurance Framework

Key issues	<p>As per the WHCCG Corporate Risk Management Policy, the Board receives the Board Assurance Framework (BAF) at each public meeting. The BAF was reviewed by the Executive Group on 19 March 2019.</p> <p>Board Assurance Framework (BAF) The BAF is a <i>high level, aggregated risk</i> description of the risks that relate to the achievement of the CCG's strategic objectives. It is intended to provide assurance to the Board in relation to the management of risks that threaten the ability of the organisation to achieve these objectives. <i>It only includes very high and high risks which are currently above their target risk score.</i></p> <p>There are two unchanged very high risk areas:</p> <ul style="list-style-type: none"> • Finance (financial sustainability, Financial Recovery Plan (FRP), Sustainability & Transformation Partnership (STP) control total) • Performance (constitutional standards, significant areas of non-delivery) – Score 16 <p>There is one unchanged high risk area:</p> <ul style="list-style-type: none"> • Developing New Models of Care (STP, local delivery systems) – Score 12 <p>There is one new very high risk:</p> <ul style="list-style-type: none"> • Ophthalmology Outpatient Capacity – Score 16 <p>Reduced risk and removed:</p> <ul style="list-style-type: none"> • #131 Recruitment and retention of GP clinical staff – Score 8 <p>Following a recommendation from the Audit Committee the Corporate Risk Group will be meeting additionally in April to review the strategic focus of the risk areas on the BAF.</p> <p>See Appendix A for the West Hampshire CCG BAF. See Appendix B for the Risk Score Matrix.</p>
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Strategic objectives	This report supports all of West Hampshire CCG's Strategic Objectives.
Actions requested / Recommendation	The West Hampshire Clinical Commissioning Group Board is asked to review the Board Assurance Framework to assure that all reasonably practicable actions are being taken to control and mitigate the risks to delivery of the strategic objectives.
Principal risk(s) relating to this paper	This paper addresses the need for providing assurance regarding the prioritisation, control and mitigation of corporate risks that may have an adverse effect on the delivery of the Strategic Plan Objectives of West Hampshire Clinical Commissioning Group.
Other committees / groups where evidence supporting this paper has been considered.	The documents are reviewed at the Corporate Risk Group prior to submission to the Board. The Audit Committee also reviews this document.
Financial and resource implications / impact	There are no financial or resource implications arising from this paper.
Legal implications / impact	There are no legal implications arising from this paper.
Privacy impact assessment required?	No
Public/stakeholder involvement – activity taken or planned	Not applicable.
Equality and Diversity – implications / impact	This paper does not request decisions that impact on equality and diversity.
Report Author	Pippa Brown, Business Planning and Risk Manager
Sponsoring Director	Heather Mitchell, Director of Strategy & Service Development
Date of paper	19 March 2019

West Hampshire CCG Board Assurance Framework



New risk
#589
Ophthalmology Outpatient Capacity (16)

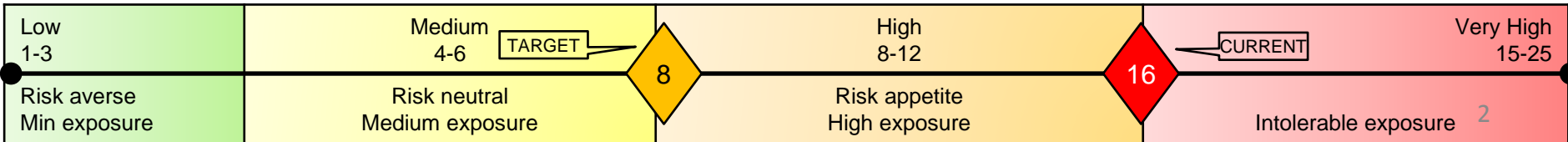
Reduced risk and removed:
#131
Recruitment and retention of GP clinical staff (8).



Board Assurance Framework March 2019

Risks higher than their target score	1	3	6	2	
	6	12	1		
	3	6	1		
	1	2			

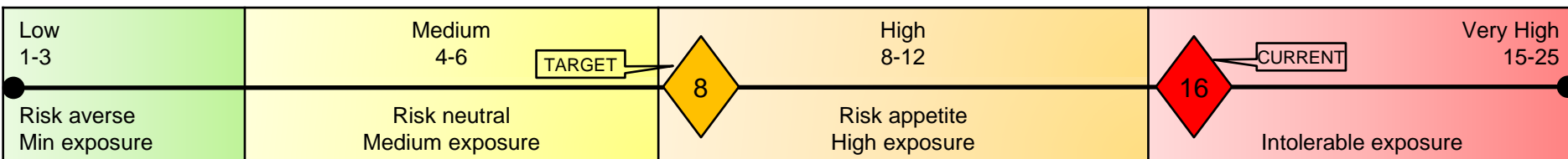
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Quality (patient experience)	16 ↔	#448 Children and Adolescent Mental Health Service (CAMHS) waiting list (16).	Referral triage, monthly review of high risk patients, contact with long waiters and Looked After Children (LAC) and Youth Offending Team (YOT) prioritisation.	8	Trajectory received from provider in September 2018 for waiting list reduction and update requested in November. Both CCG boards considered the trajectory to be unacceptable. Action plan post External peer review.	Plan to implement text reminders, process at Single Point of Access (SPA) for 6 months from March 2019 to see if Child Not Brought numbers of initial assessments can be reduced. – HM Q1 2019/20 Start delivering initial assessments remotely in GP practices in Winchester area by April 2019 – HM Q1 2019/20 Board to Board to Board meeting (Sussex Partnership, WHCCG, Hampshire Partnership CCGs) to agree next steps following peer review – HM Q1 2019/20 Reframing the Maternity and Child Health Steering Group to be oversight group of Children’s services – HM Q1 2019/20	LOW	HIGH	HIGH	LOW	LOW
			Redesign of Front Door being led by Sussex partnerships and Children's Commissioning Collaborative.				ASSURANCE				
			Completed risk review of waiting list for Winchester and Test Valley and contacted families where highest risk perceived.				LINE 1 Business	LINE 2 Corporate	LINE 3 Independent		
		WHCCG attending Contract and Quality Review meetings.									
		External peer review to validate clinical model and assumptions completed									



Board Assurance Framework March 2019

Risks higher than their target score	1	1	6	2	
	3	3	12	1	
	6	6	6	1	
	3	1	2		

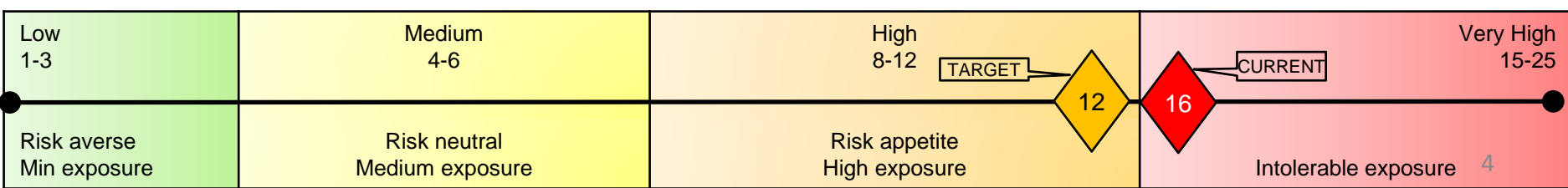
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Quality (patient experience)	16 ↕	#589 Ophthalmology Outpatient Capacity (16)	Choice and equity policy Placement approval process	8	Current choice and equity policy is not fit for purpose and is open to legal challenge if applied	Update choice and equity and placement approval process – EM Q1 2019/20					
		#428 Review health assessments for Looked After Children (12).	Southern Health review health assessment service is in place		Service capacity and contingency	Service specification complete. Contract to be agreed with provider to finalise the procurement.- EM Q4 2018/19.	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		
		#270 Children's Multi Agency Safeguarding Hub (MASH) delivery to specification (12).	The health MASH will continue researching cases with any siblings, vulnerable others and adults		Section 17 referrals are not being prioritised by the MASH at present Service specification currently being developed but overdue due to capacity and technical specification of service	Internal audit of provided SHFT workforce profile and serviced contracts still ongoing – EM Q1 2019/20. New service spec combined with adult MASH and HRDA to be developed and presented to CCG Clinical Cabinets- EM Q1 2019/20					

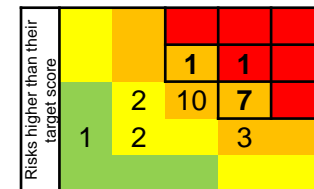


Board Assurance Framework March 2019

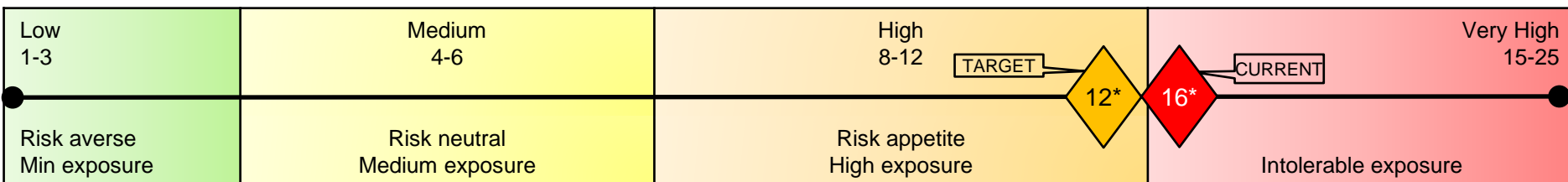
Risks higher than their target score				1	1
			1	1	
	2	10	7		
	1	2	3		

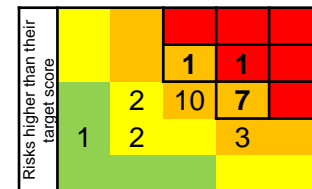
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Finance (financial sustainability, FRP, STP control total)	16 ↕	#492 If the CCG does not deliver the planned 2018/19 position (12).	Financial Recovery Plan (FRP) processes and assurance in place for 2018/19. Devolved budgetary management arrangements in place. Financial Recovery Plan (FRP) submitted to NHS England.	12	Some QIPP requires other organisations to make changes that may or may not adversely affect their financial position.	Alignment of organisational objectives through relationships with partners under the STP. Contractual arrangements to support QIPP delivery – MF Q4 2018/19.	HIGH	LOW	LOW	LOW	LOW
		#493 If the CCG does not deliver the planned 2019/20 position (16).	Active Medium Term financial strategy. Continued development of system wide approach to balancing income to the system with expenditure on delivering services. Effective long term modelling in place on a monthly basis to identify the financial direction.		Long term planning uncertainty may divert emphasis from long term planning and delivery.	Continue to model CCG position forward and develop the overarching financial strategy that balances system income with expenditure – MF Q4 2019/20.	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		
							ASSURANCE				
							LINE 1 Business	LINE 2 Corporate	LINE 3 Independent		
							✓	✓	✓		



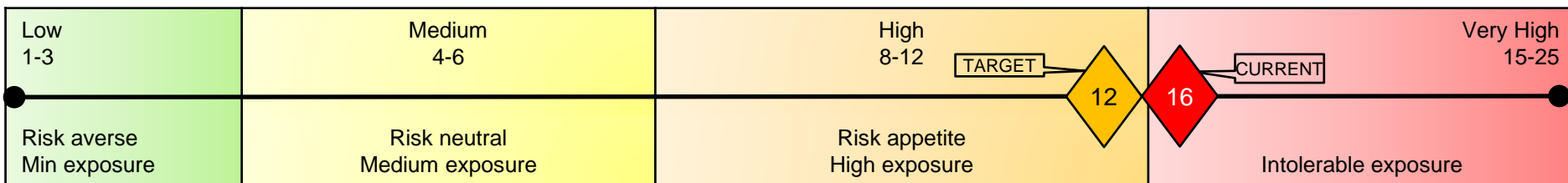


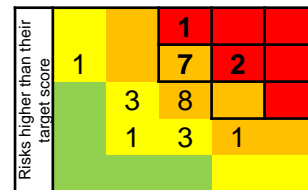
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Finance (financial sustainability, FRP, STP control total)	16 ↕	Two risks score 16 (very high). Two risks score 12 (high)					HIGH	LOW	LOW	LOW	LOW
		#399 Discharge to the CCG of learning disability patients by Specialised Commissioning (12).	Alternative service model proposals have been suggested to mitigate the financial risk. Action plan in place.	12	Lack of information of needs around Specialised Commissioning patients to ensure timely discharges	Continuing to work with NHSE to ensure further appropriate funding and packages are assessed and right sized. - EM Q4 2019/20	ASSURANCE				
							LINE 1 Business	LINE 2 Corporate	LINE 3 Independent		
							✓	✓	✓		
							No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		



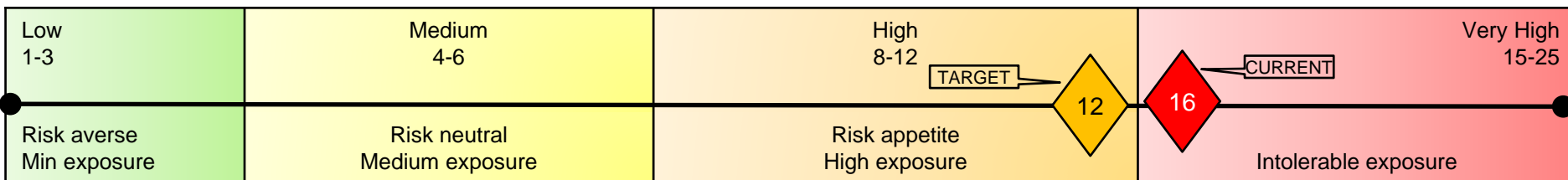


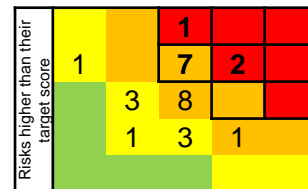
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Finance (financial sustainability, FRP, STP control total)	16 ↕	#557 If BREXIT negotiations do not agree exit plans then healthcare services could be disrupted which would require the CCG to provide additional resources into managing issues with some financial cost. (12)	Business continuity manager in place	12	Awaiting a clear national direction	Continuing progressing action plan with STP partners and action on national guidance when received– HM Q4 2018/19	HIGH	LOW	LOW	LOW	LOW	
			CCG representative attending national briefing for NHS staff 28 January				ASSURANCE					
			Local and national risk register circulated				LINE 1 Business	LINE 2 Corporate	LINE 3 Independent	✓	✓	✓
			Developed action plan				No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.			
Workshops planned as part of Local A&E Delivery Group meetings in North and Mid Hampshire and South West Hampshire												



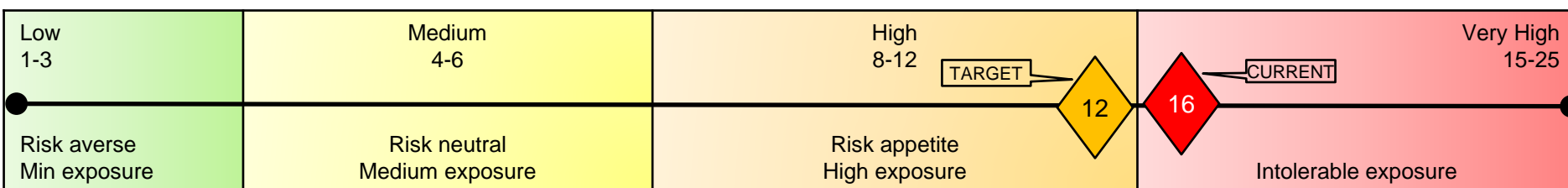


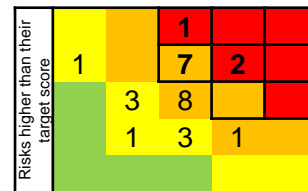
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Performance (constitutional standards, significant areas of non-delivery)	16 ↔	#368 Constitutional standards for patient access and care (16).	Contractual mechanisms to address poor performance and quality standards. Performance Issue and Risk Group ensures appropriate plans are in place to recover performance. A&E Delivery Boards working with Local Delivery Systems. Continuing Healthcare (CHC) improvement plans in place for each national target agreed with NHS E. Assessment agreed for additional capacity	12	Deliver the actions outlined within the Recovery Action Plans (RAP). CHC Recruitment campaign required	Implement UHSFT and HHFT 18/19 RAPs – RK and JE Q4 2018/19. CHC Recruitment to be completed by end June 2019. – EM Q1 2019/20	HIGH	HIGH	LOW	LOW	LOW	
							ASSURANCE					
							LINE 1 Business	LINE 2 Corporate	LINE 3 Independent			
							✓	✓	✓	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.





AGGREGATED RISK STATUS					ACTIONS		POTENTIAL IMPACT ON OBJECTIVE				
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Performance (constitutional standards, significant areas of non-delivery)	16 ↑	Two risks score 16 and 15 (very high) & one risk scores 12 (high)					HIGH	HIGH	LOW	LOW	LOW
		#241 Use of out of area Acute and Psychiatric Intensive Care (PICU) Mental Health bed provision (12).	All out of area referrals are monitored through Contract Review Meeting/ Clinical Quality Review Meeting.. Detailed Extra Contractual Referral (ECR) plan in place and wider review of STP programme of PICU demand and capacity building		Increase in number of out of area placements	Reviewing progress at joint SHFT and CCG director level meeting which is being reconfigured to focus specifically on improving patient flow and reducing out of area placements – HM Q4 2018/19.	ASSURANCE				
							LINE 1 Business	LINE 2 Corporate	LINE 3 Independent		
							✓	✓	✓		
							No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		



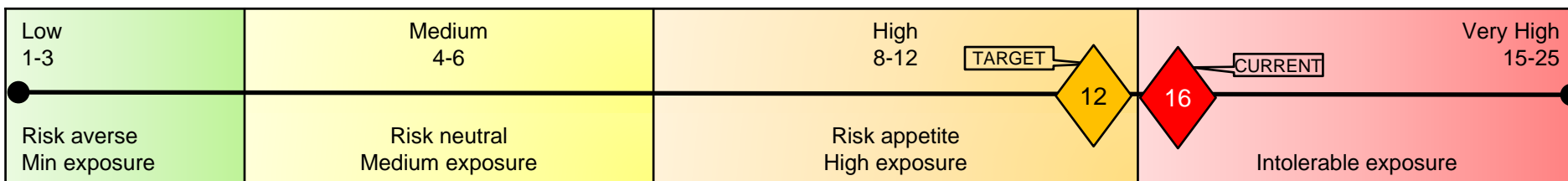


AGGREGATED RISK STATUS

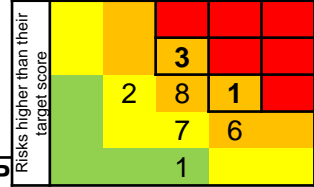
ACTIONS

POTENTIAL IMPACT ON OBJECTIVE

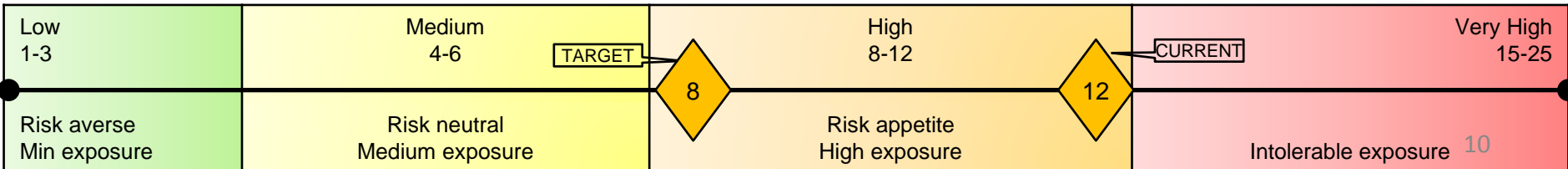
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Performance (constitutional standards, significant areas of non-delivery)	16 ↔	Two risks score 16 and 15 (very high) & two risks score 12 (high) #512 S136 transport and staffing (12).	Regular monitoring meetings with provider. Contract warning issued. Service Recovery Action Plan (RAP) in place. A winter pressures plan is in place A review of the service model was completed resulting in agreement to increase funding to the service. Plans are being implemented in order to improve resourcing, capacity and responsiveness.	12	Alternative/ additional service provision. Assurance regarding performance improvement.	Fortnightly RAP progress meetings with provider, out of area beds plan being produced by SHFT - HM Q4 2018/19.	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.



Board Assurance Framework March 2019

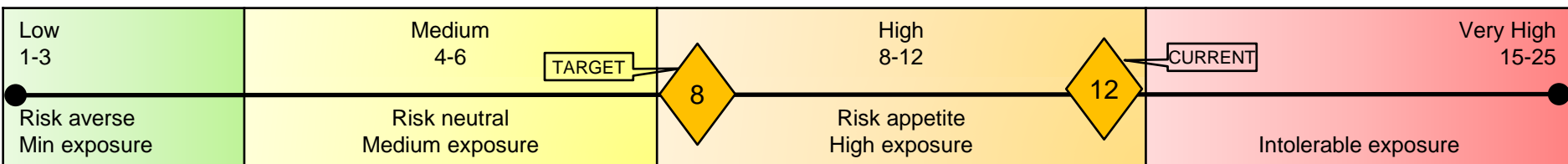


AGGREGATED RISK STATUS					ACTIONS		OBJECTIVE				
AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS AND/ OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET	FINANCIAL STABILITY	SAFE & SUSTAINABLE HIGH QUALITY	COLLABORATIVE HEALTH & SOCIALCARE	ESTABLISH LOCAL DELIVERY SYSTEMS	CCG WORKFORCE
Developing New Models of Care (STP, local delivery systems)	12 ↕	#329 If the Andover Estates and Technology Transformation Programme (ETTP) does not meet NHS England requirements then funding for the premises schemes will not be awarded. (12)	Andover scheme revised options appraisal, Project Initiation Document (PID) and economic appraisal complete.	8	NHS England (NHSE) Outline Business Case approval.	NHS England to complete Business Case Approval Process (7 weeks) – RK and JE Q4 2018/19.	HIGH	LOW	HIGH	HIGH	LOW
		#441 If the Eastleigh Estates and Technology Transformation Programme (ETTP) does not meet NHS England requirements then funding for the premises schemes will not be awarded. (12)	Planning permission granted, outline business case approved.		NHS England (NHSE) Full Business Case approval.	NHS England to complete Full Business Care Approval – RK Q4 2018/19.	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		
							ASSURANCE				
							LINE 1 Business	LINE 2 Corporate	LINE 3 Independent		
							✓	✓	✓		
							No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		



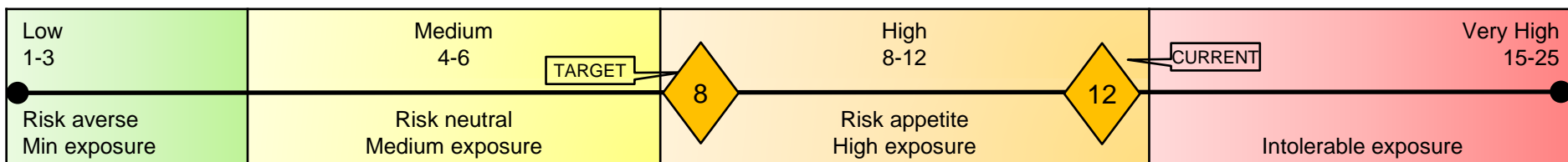
Risks higher than their target score	1	3		
	4	6		
	3	3	1	
	1	2		2

AGGREGATED RISK STATUS						ACTIONS	POTENTIAL IMPACT ON OBJECTIVE								
AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS AND/ OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET	FINANCIAL STABILITY	SAFE & SUSTAINABLE HIGH QUALITY	COLLABORATIVE HEALTH & SOCIALCARE	ESTABLISH LOCAL DELIVERY SYSTEMS	CCG WORKFORCE				
Workforce (provider and CCG)	12 ↕	#196 Inability of providers to provide the volume and flexibility of staff and skills to deliver quality services (12).	Trusts are required to comply with the safer staffing requirements for nursing staff which are reviewed at CQRM, along with wider staffing reports.	8	Robust provider workforce reports.	South Central and West CSU provider workforce reports system of review and analysis under development for delivery by 31 March 2019. EM Q4 2018/19	LOW	HIGH	HIGH	LOW	LOW				
		#541 Named GPs for safeguarding Children (12).	Named GP's allocated to cover West Hants and Fareham and Gosport and South East Hants to cover immediate safeguarding needs e.g. GP training, on-call phone.		Under delivery of session numbers per week of named GP time. Vacancies in North and North East Hampshire.	Quality team to review workforce strategy of key provider organisations by 31 March 2019. EM Q4 2018/19	Recruitment process is ongoing – EM Q1 2019/20/.	ASSURANCE <table border="1"> <tr> <td>LINE 1 Business</td> <td>LINE 2 Corporate</td> <td>LINE 3 Independent</td> </tr> <tr> <td>✓</td> <td>✓</td> <td>✓</td> </tr> </table>					LINE 1 Business	LINE 2 Corporate	LINE 3 Independent
LINE 1 Business	LINE 2 Corporate	LINE 3 Independent													
✓	✓	✓													



Risks higher than their target score	1	4		
	4	6		
	3	3	1	
	1	1	2	2

AGGREGATED RISK STATUS						ACTIONS	POTENTIAL IMPACT ON OBJECTIVE				
AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS AND/ OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET	FINANCIAL STABILITY	SAFE & SUSTAINABLE HIGH QUALITY	COLLABORATIVE HEALTH & SOCIALCARE	ESTABLISH LOCAL DELIVERY SYSTEMS	CCG WORKFORCE
Workforce (provider and CCG)	12 ↕	#476 Future Safeguarding Children Teams Resource and Capacity (12).	Designated doctor and designated nurse in post. Three full time Designated Nurses covering Children's Safeguarding and Looked After Children (LAC) and Designated Doctors for Safeguarding, LAC and Child Death. Four Named GP's to provide expertise to the primary care workforce.	8	Agreed plan for reconfiguring safeguarding resource.	Exec advised resourcing paper needs further consideration following Clinical Governance Committee discussions – EM Q4 2018/19.	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		



Appendix B - Impact Score, Likelihood Score and Risk Score Matrix

(Source: National Patient Safety Agency, A risk matrix for managers v9)

Choose the most appropriate domain from the left hand side of the table Then work along the columns in same row to assess the severity on the scale of 1 to 5 to determine the impact score, which is the number given at the top of the column.

Domains	Impact score (severity levels) and examples of descriptors				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1. Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days. Increase in length of hospital stay by 1-3 days.	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days. Increase in length of hospital stay by 4-15 days. RIDDOR/agency reportable incident. An event which impacts on a small number of patients.	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients
2. Quality/complaints/audit	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment or service suboptimal. Formal complaint (stage 1). Local resolution. Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint (stage 2). Local resolution (with potential to go to independent review). Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Non-compliance with national standards with significant risk to patients if unresolved. Multiple complaints/independent review. Low performance rating. Critical report.	Totally unacceptable level or quality of treatment/ service. Gross failure of patient safety if findings not acted on. Inquest/ ombudsman inquiry. Gross failure to meet national standards.
3. Human resources/organisational development/staffing/competence	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training.	Non-delivery of key objective/service due to lack of staff. Ongoing unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training/ key training on an ongoing basis.
4. Statutory duty/inspections	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendations/ improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severely critical report.

	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5. Adverse publicity/reputation	Rumours. Potential for public concern.	Local media coverage. Short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage. Long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House). Total loss of public confidence.
6. Business objectives/projects	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	Insignificant cost increase/schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national deadlines 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
7. Finance including claims	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	Small loss. Risk of claim remote.	Loss of 0.1–0.25 per cent of budget. Claim less than £10,000.	Loss of 0.25–0.5 per cent of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5–1.0 per cent of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification/slippage. Loss of contract / payment by results. Claim(s) >£1 million.

Likelihood scoring matrix:

Likelihood	1	2	3	4	5
Descriptor	Rare <20%	Unlikely 20-40%	Possible 40-60%	Likely 60-80%	Almost certain 80%+
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Risk Score (Impact x Likelihood):

5. Almost Certain	5	10	15	20	25
4. Likely	4	8	12	16	20
3. Possible	3	6	9	12	15
2. Unlikely	2	4	6	8	10
1. Rare	1	2	3	4	5
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic