

## CCG Board

Date of meeting		28 November 2019	
Agenda Item	9	Paper No	WHCCG19/116

### West Hampshire CCG Board Assurance Framework

<p><b>Key issues</b></p>	<p>As per the Corporate Risk Management Policy, the Board receives the Board Assurance Framework (BAF) at each public meeting.</p> <p>The BAF is a high level, aggregated 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>At the 26 September 2019 the Board asked why Risk 150 – If University Hospital Southampton Foundation Trust (UHSFT) do not meet the constitutional standard for 2 week cancer referrals had been downgraded and removed from the BAF. Since the meeting this risk has been reviewed and the risk score has been increased to 12.</p> <p>The Board also asked for details of Risk 660 – Omnes (ENT) Workforce to be reported in the next version of the BAF. Omnes has assured the CCG that their clinical and administrative teams are now at full strength mitigating some of the workforce risk. The Quality Team continues to monitor the implementation new workforce and are keeping the risk score under review. this risk has subsequently been downgraded and removed from the BAF</p> <p>The Corporate Risk Register which informs the BAF was reviewed by the Corporate Risk Group on 14 October and 4 November.</p> <p>The BAF is based on the Strategic Objectives of the CCG.</p> <ul style="list-style-type: none"> <li>• Quality &amp; Performance             <ul style="list-style-type: none"> <li>○ Constitutional standards / performance &amp; KPI, DTOC</li> <li>○ Patient experience</li> <li>○ Workforce</li> </ul> </li> </ul>
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- Financial sustainability
- Working in Partnership for optimum service delivery
- Developing Local Delivery systems
- Developing CCG workforce
- Communications and Engagement

**1 new high risk has been added to the Corporate Risk Register since the September Board meeting:**

- #670 If The Royal Bournemouth and Christchurch Foundation Trust (RBCH) do not meet the constitutional standards (12)

**2 risks have increased their score and been added to the BAF:**

- #150 If University Hospital Southampton Foundation Trust (UHSFT) do not meet the constitutional standard for 2 week cancer referrals (12)
- #441 ETTP Eastleigh (12)

**1 Risk score reduced from Very High to High:**

- #589 Ophthalmology Outpatient Capacity (12)

**There were 9 risks which scores were reduced and removed from the BAF:**

- #596 Discharge to the CCG of learning disability patients by Specialised Commissioning (9)
- #600 Inadequate funding to support GPIT Capital Programme in 19/20 (9)
- #626 Bursledon Surgery Contract End (5)
- #628 Andover ETTF Funding: if NHSE due diligence is not met, funding will not be awarded and the scheme will not go ahead (9)
- #629 Andover ETTF: If the application for 100% of the funding is not successful then the scheme will not go ahead (8)
- #637 Andover ETTF: If planning approval is not granted, an alternative solution for Andover HC will need to be found (9)
- #642 Delivery of Health and Social Care Network (HSCN) required by August 2020 (9)
- #643 Primary Care Ad Hoc IT Requests/Bids (9)
- #644 Delay in reviewing health assessments for Looked After Children (9)
- #660 Omnes (ENT) Workforce (9)

**1 Risk has been merged:**

- #641 Andover ETTF: If the construction programme is delayed – merged with Risk 640 Andover ETTF: If unforeseen issues may impact on the construction programme.

	See Appendix A for the West Hampshire CCG BAF. See Appendix B for the Risk Score Matrix. See Appendix C for the Board Risk Appetite Statement
<b>Strategic objectives</b>	All
<b>Actions requested / Recommendation</b>	<b>The West Hampshire CCG 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, and to ratify the Board Risk Appetite statement.</b>
<b>Principal risk(s) relating to this paper</b>	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 CCG.
<b>Other committees / groups where evidence supporting this paper has been considered.</b>	The documents are reviewed at the Corporate Risk Group prior to submission to the Board.  The Audit Committee on 12 November 2019 reviewed this document and suggested a number of risks to revisited which has happened which has resulted in Risk 642 being downgraded and removed from the Corporate Risk Register.
<b>Financial and resource implications / impact</b>	Not applicable.
<b>Legal implications / impact</b>	Not applicable.
<b>Privacy impact assessment required?</b>	Not applicable.
<b>Public/stakeholder involvement – activity taken or planned</b>	Not applicable.
<b>Equality and Diversity – implications / impact</b>	This paper does not request decisions that impact on equality and diversity.
<b>Report Author</b>	Pippa Brown, Business Planning and Risk Manager
<b>Sponsoring Director</b>	Mike Fulford, Chief Operating Officer
<b>Date of paper</b>	18 November 2019

# West Hampshire CCG Board Assurance Framework

LIKLIHOOD	5 Almost Certain					
	4 Likely		<ul style="list-style-type: none"> <li>➤ CCG Workforce Communications and Engagement</li> </ul>	<ul style="list-style-type: none"> <li>➤ Financial Sustainability</li> <li>➤ Quality – Patient Experience</li> </ul>		
	3 Possible			<ul style="list-style-type: none"> <li>➤ Quality - Performance Standards</li> <li>➤ Quality - Workforce</li> <li>➤ Work in Partnership</li> <li>➤ Establish Local Delivery System</li> </ul>		
	2 Unlikely					
	1 Rare					
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
		IMPACT				

**New Risk:**

#670 If The Royal Bournemouth and Christchurch Foundation Trust (RBCH) do not meet the constitutional standards (12)

**Increased risks:**

#150 If University Hospital Southampton Foundation Trust (UHSFT) do not meet the constitutional standard for 2 week cancer referrals (12)  
 #441 ETPP Eastleigh (12)

**Reduced risk:**

#589 Ophthalmology Outpatient Capacity (12)

**Reduced risks and removed:**

#596 Discharge to the CCG of learning disability patients by Specialised Commissioning (9)  
 #600 Inadequate funding to support GPIT Capital Programme in 19/20 (9)  
 #626 Bursledon Surgery Contract End (5)  
 #628 Andover ETPF Funding: if NHSE due diligence is not met, funding will not be awarded and the scheme will not go ahead (9)  
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 #644 Delay in reviewing health assessments for Looked After Children (9)  
 #660 Omnes (ENT) Workforce (9)

**Risks merged:**

#641 Andover ETPF: If the construction programme is delayed– merged with Risk 640 Andover ETPF: If unforeseen issues may impact on the construction programme.



Risks higher than their target score	1	4	6	1	
		5	16	2	
		1	3	2	
	1	1	3		

## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

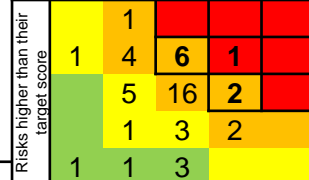
### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 1 risk scores 16 (very high) & 8 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Patient Experience	16 ↕	#448 Children and Adolescent Mental Health Service (CAMHS) waiting list	<p>Referral triage, monthly review of high risk patients, contact with long waiters and LAC and YOT prioritisation.</p> <p>Redesign of Front Door has been led by Sussex partnerships and Children's Commissioning Collaborative.</p> <p>Completed initial risk review of waiting list for Winchester and Test Valley and contacted families where highest risk perceived.</p> <p>Reinstatement of monthly Contract and Quality Review meetings.</p> <p>External peer review to validate clinical model and assumptions completed</p> <p>WHCCG Board approved an investment plan in July 2019, Partnership Board in October 2019</p> <p>Workforce implementation plan in place</p> <p>Risk assessment framework has been provided to the team.</p>	8	<p>High turnover of staff compromising waiting list size– currently at 18.94%</p> <p>Insufficient proactive and ongoing risk assessment of those on the waiting list</p> <p>Shared care protocols for anti-psychotic medication repeat prescriptions not being followed by 3 New Forest Practices, which impacts on the capacity of the team to take new patients from the waiting list.</p> <p>Insufficient staffing for Single Point of Access</p>	<p>Commissioners to analyse service in relation to national, and local benchmarking - JE 28/11/19</p> <p>The Sussex Partnership shared care guidelines are being amended by CAMHS – JE 31/12/19.</p> <p>Stakeholder survey underway to seek feedback on CAMHS service – JE 09/01/20</p> <p>Progress against actions in the Single Point of Access Recovery Action Plan being monitored by Commissioners– JE 31/02/20</p> <p>Wider review of the whole CAMHS pathway to be completed – JE 31/03/20</p>

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6	8	High 8-12	Very High 15-25
Risk averse Min exposure	Risk neutral Medium exposure	8	Risk appetite High exposure	Intolerable exposure



## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

### AGGREGATED RISK STATUS

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Patient Experience	12 ↕	#589 Ophthalmology Outpatient Capacity	<p>Glaucoma Refinement commenced 1st July to reduce pressure of false positive referrals for suspected Glaucoma being sent to Eye Hospital</p> <p>Monthly monitoring of the agreed most high risk patients (Glaucoma and Diabetes), recovery plan, and trajectories for backlog reduction.</p> <p>UHS escalation of quality and risks raised through monthly executive led meetings (attended by CCGs).</p> <p>Trust engagement with NHSE/I 'Eyeswise' improvement project': High Impact Interventions to expedite change and learning.</p> <p>Insourcing commenced October 2019, set to run for 12 months and this will see a clearance of the glaucoma backlog by July 2020.</p>	6	The gap between demand and capacity still exists and therefore risk that the backlog will start to rise again once insourcing removed.	<ul style="list-style-type: none"> <li>Exec escalation meetings will continue, but will refocus on bridging the longer term demand and capacity gap – WHCCG community service being a key element of this. – RK 31/03/20</li> <li>WHCCG community service procurement paper approved on 4<sup>th</sup> November, and will now progress. Planned to commence January 2020 – RK 31/01/20.</li> </ul>

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6	TARGET	High 8-12	CURRENT 15-25
Risk averse Min exposure	Risk neutral Medium exposure		9 Risk appetite High exposure	16 Intolerable exposure

Risks higher than their target score	1	4	6	1	
	5	16	2		
	1	3	2		
	1	1	3		

## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

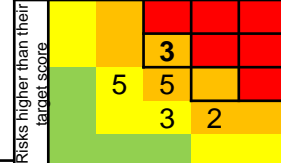
### AGGREGATED RISK STATUS

### ACTIONS

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Patient Experience	12 ↕	#646 Secure Care UK- secure transport provider undertaking robust risk assessments	<p>Monthly contract review meetings held with the provider and CCGs</p> <p>Quality visits undertaken</p> <p>Secure Care UK has a Quality Manager in post who undertakes training in risk management.</p> <p>Secure Care UK have a risk assessment policy, new risk template and process in place in September 2019.</p> <p>Secure Care UK developed an action plan and is being monitored in monthly contract review meetings. Latest quality report August 2019 identified a number of improvements that were being made.</p> <p>Secure Care UK have an Internal Audit Programme in place</p>	6	Assurance required that new risk policy is embedded and appropriate risk assessment of patients occurring	<p>Continue to monitor delivery of action plan – EM 31/12/19</p> <p>An internal audit of the risk assessment policy by Secure UK to take place in November 2019, the outcome to be reported to CQRM in January 2020– EM 31/01/20</p>

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6	TARGET	High 8-12	Very High 15-25
Risk averse Min exposure	Risk neutral Medium exposure	9	Risk appetite High exposure	16 Intolerable exposure



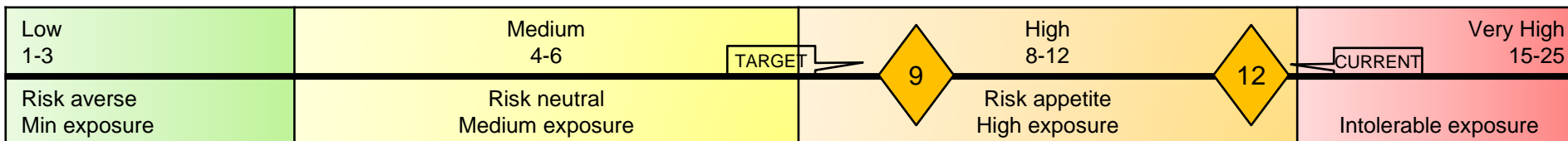
## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

### AGGREGATED RISK STATUS

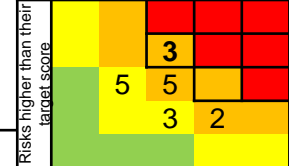
### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 3 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Workforce	12 ↕	#196 Ability of providers to demonstrate workforce strategies providing the volume & flexibility of staff to deliver services	<p>Workforce planning is included in the planning assumptions when the CCG develops commissioning intentions, models and pathways, and service specifications.</p> <p>An STP approach has been instigated to increase the bank pool within the region. This initiative will also enable providers to standardize agency rates across the region.</p> <p>CCG Monitoring: SHFT, UHS and HHFT have developed comprehensive workforce strategies which have been presented to the CCG. The CCG who receives regular updates on progress.</p> <p>Monitoring of impact on patients and service users through Datix, adverse events and SI's as well as patient feedback</p> <p>Reviewing and analysing the South Central &amp; West CSU provider workforce reports.</p> <p>Formal, structured escalation process for performance and quality issues is in place</p> <p>Benchmarking report for Corporate Governance Committee to be prepared on main provider workforce strategies – EM 08/11/19</p>	9	Follow up benchmarking report findings and actions	<p>CQRMs to receive observations from the benchmarking reports – EM 29/02/2020</p> <p>Follow up to actions highlighted in benchmarking report – EM 31/03/2020</p>

### Overall Risk to Strategic Objective







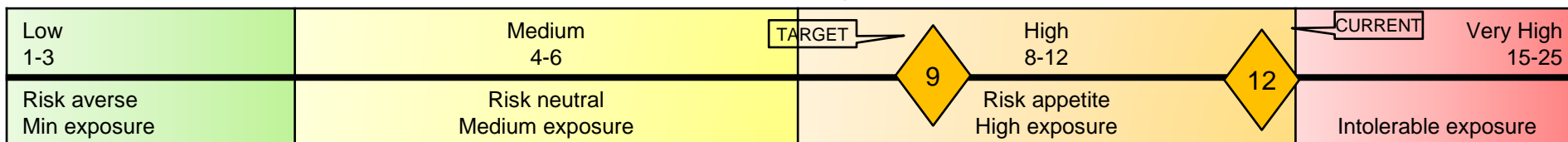
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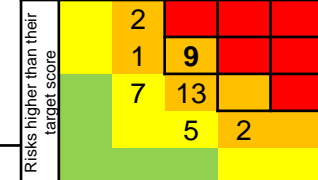
### AGGREGATED RISK STATUS

### ACTIONS

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Workforce	12 ↔	#601 Cultural concerns affecting mental health quality of care at Hamtum Ward (Antelope House)	<p>Revised management structure of Southampton Mental Health teams including Antelope House.</p> <p>There is a structured programme of peer reviews which include Antelope House to identify concerns of which the CCG are involved</p> <p>Southampton CCG holds quarterly CQRMs in Antelope House and reports any concerns to the main CQRM for oversight and scrutiny</p> <p>SHFT Whistleblowing policy and procedure in place and reviewed by CCG</p> <p>Peer review visit to Hamtun ward on the 11th August also included the review of medication recording and dispensing. No specific medication concerns were identified and this will now be picked up within the overarching review of Antelope House.</p> <p>New substantive Head of Nursing in place. New Chief Operating Officer in place.</p>	6	Review of Hamtum Ward required to put learning in place for new staffing structure	<p>Review by SHFT with external consultant support commissioned to provide insight and learning that will enable the clinical and operational management team to improve the experience and outcomes for patients and staff. The review team will include an external specialist and the Safeguarding Nurse from WHCCG. - EM 29/11/19</p> <p>Hamtum Ward remains on SHFT list for intensive internal support.</p>

### Overall Risk to Strategic Objective







## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

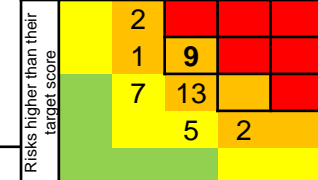
### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 9 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Performance Standards	12 ↕	#619 Impact on Quality relating to Emergency Department Performance HHFT	<p>LADG undertaking system wide audit to better understand demand across primary care and ED.</p> <p>Task &amp; Finish Group to agree improvement plan to deliver increased weekend discharges.</p> <p>Reviewed Rapid Improvement Plan impact now with Improved project in place with additional actions and improvements for sustainable recovery.</p> <p>New CPB in place to ensure performance oversight/assurance.</p> <p>RHCH deep dive review of community and HCC capacity to deliver discharge requirements for Mid Hants.</p> <p>Pathway review of GP admissions at RHCH to ensure appropriate direct access.</p>	6	<p>Gaps in HHFT workforce (see workforce risk)</p> <p>Performance improvement not sustained and work required to tackle areas of concern.</p>	Improved programme review of performance decline over recent months, work underway to undertake intense focus on Ward Flow, 7 day discharge drive and increasing medical cover in EDs – JE 31/12/2019

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6	High 8-12	Very High 15-25
Risk averse Min exposure	Risk neutral Medium exposure	Risk appetite High exposure	Intolerable exposure
			



## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

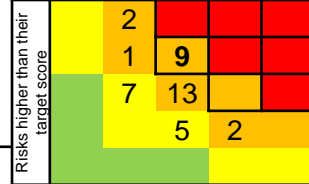
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Performance Standards	12 ↑	#150 If University Hospital Southampton Foundation Trust (UHSFT) do not meet the constitutional standard for 2 week cancer referrals (12)	<p>Monthly meetings between CCGs and Chief Operating Officer to discuss Cancer performance, demand and capacity issues. Escalation through Contract Performance Board.</p> <p>Agreed Cancer RAP and trajectory in place to deliver 62 day standards by Dec-19.</p> <p>Robot purchased by UHS to double robotic prostatectomy capacity; extra procedure room opened for endoscopy;</p> <p>Wessex Cancer Alliance undertaking joint review of cancer RAP in Oct/Nov to identify additional actions that can be taken.</p>	2	<p>Main issue relates to demand outstripping capacity.</p> <p>NHSE unable to source additional capacity within the region but conversations continue with Wessex Cancer Alliance (WCA) and local providers.</p>	<p>Monthly meeting with senior team and NHSE/I continue. – RK 31/03/20</p> <p>Series of pathway specific meetings being undertaken to deep dive into individual issues/solutions. – RK 31/12/19</p> <p>Refresh of Remedial Action Plan in November 2019, in conjunction with Wessex Cancer Alliance who are providing support and guidance on key actions. _RK 30/11/19</p> <p>Scoping opportunities for local providers to do routine surveillance work (freeing UHS capacity to see new patients). Meetings being held through October/November 2019. – RK 30/11/19</p>

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6 <b>TARGET</b>	High 8-12	Very High 15-25 <b>CURRENT</b>
Risk averse Min exposure	Risk neutral Medium exposure	Risk appetite High exposure	Intolerable exposure



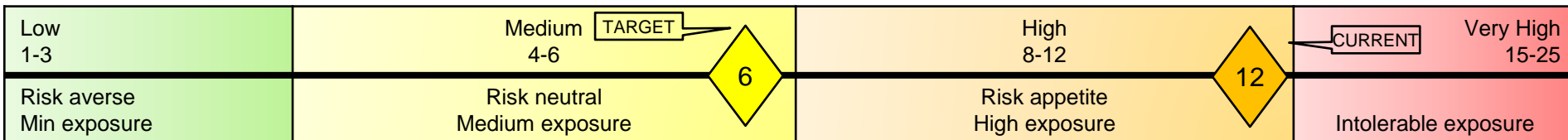
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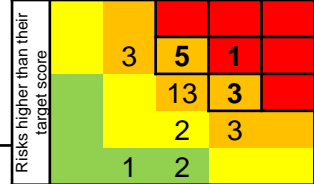
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Performance Standards	12 ↕	9 risks score 12 (high)  #670 If the Royal Bournemouth and Christchurch Foundation Trust (RBCH) do not meet the constitutional standards for: <ul style="list-style-type: none"> <li>• Diagnostics (key issue)</li> <li>• RTT</li> </ul>	<p>Monthly detailed Performance Report provided by Trust discussed in detail at Contract Performance Board with Commissioners. Trust working closely with Dorset CCG and NHSE/I.</p> <p><u>Diagnostics</u> Action plan in place, key area of concern:</p> <ul style="list-style-type: none"> <li>• Endoscopy - plans to increase capacity through in-sourcing / local additional lists in order to eliminate the endoscopy backlog. The longer-term sustainability has been provided for through 3 additional posts which have been recruited to and full impact expected by end Q4 (March 2020).</li> <li>• Monitoring the impacts of diagnostic performance on cancer standards.</li> </ul> <p><u>RTT</u> Recovery plan in place, focusing on:</p> <ul style="list-style-type: none"> <li>• Ophthalmology - Dorset CCG has re-commissioned a limited amount of additional ophthalmology capacity.</li> <li>• The Trust has identified and are transferring appropriate activity to the new WHCCG community Primary Eye Care Service which will free up acute capacity.</li> <li>• General Surgery – linked to the endoscopy position waits and so will be helped by increased capacity there.</li> <li>• Weekly WL validation, tracking and review all patients over 40 weeks on the waiting list.</li> <li>• The agreement locally (Dorset) is to work towards a position of no further 52 week breaches by year end.</li> </ul>	2	<p><u>Gaps in control</u></p> <p>WHCCG require a clear oversight of the plans agreed by the Dorset system and further assurance that these will deliver improved performance.</p> <p>Recruitment and sustainability of workforce:</p> <ul style="list-style-type: none"> <li>• The biggest risk areas are in common with other providers - endoscopy, ophthalmology, urology and general surgery in availability to recruit, retain and sustain workforce.</li> <li>• Mitigation of impact of tax and pensions rules on waiting list initiatives.</li> </ul>	<p>Meeting being arranged for November 2019 with RBCH senior operational management team (including COO) and Dorset CCG to focus on performance improvement – RK 30/11/19.</p> <p>Detailed review of contract performance and funding position to be completed. - RK 31/12/19</p>

### Overall Risk to Strategic Objective





## Strategic Objective 2 - Ensure System Financial Sustainability

### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 1 risk score 16 (very high) & 8 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Financial Sustainability	16 ↕	#493 If the CCG does not deliver the planned 2019/20 position (16).	<p>Active contract and budget monitoring processes with budget holders</p> <p>Detailed QIPP development, monitoring and budget reporting process led by PMO</p> <p>Active Medium Term financial strategy that informs priority setting in the CCG</p> <p>Continued development of system wide approach to balancing income to the system with expenditure on delivering services and a move away from traditional payment by results contract forms to Aligned Incentive arrangements.</p> <p>Effective long term modelling is in place on a monthly basis to identify the financial direction and monthly meetings on contract and other budget positions.</p> <p>New structures and processes designed and implemented for UHS contract management and CCG Finance Committee to deliver more focus and rigor</p>	12	<p>Deliver the Financial Recovery Plan.</p> <p>Long term planning uncertainty may divert emphasis from long term planning and delivery.</p>	<p>Financial Recovery Plan in place - reviewed on a monthly basis scheme by scheme – MF 31/03/20</p> <p>Continue to model CCG position forward and develop the overarching financial strategy that balances system income with expenditure – MF 31/03/20</p>

### Overall Risk to Strategic Objective

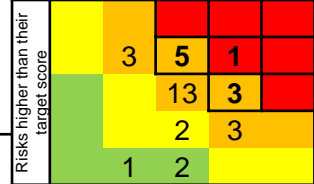
Low 1-3	Medium 4-6	High 8-12	Very High 15-25
Risk averse Min exposure	Risk neutral Medium exposure	Risk appetite High exposure	Intolerable exposure

TARGET



CURRENT





## Strategic Objective 2 - Ensure System Financial Sustainability

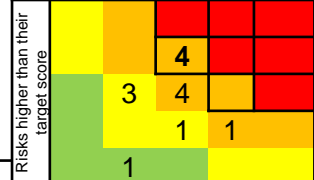
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Financial Sustainability	12 ↕	#557 If the UK leaves the EU without a deal, then there is a risk of an impact on the CCG's normal business as the organisation responds to health service supply chain or staff issues, resulting in service delivery, financial, compliance and reputational impact. (12)	<ul style="list-style-type: none"> <li>Business continuity manager in place</li> <li>CCG representative attending national briefing for NHS</li> <li>Local and national risk register circulated</li> <li>Developed action plan</li> <li>Remote Access available for staff</li> <li>Cloud Based emails</li> <li>Working with Partner CCGs</li> <li>Arrangements for Daily Sitreps to NHSE in place</li> <li>Business Continuity Plans in place</li> </ul>	6	Awaiting a clear national direction from Government	<ul style="list-style-type: none"> <li>Continuing progressing action plan with STP partners and action on national guidance when received– JE 31/01/20</li> <li>Ensuring teams complete business continuity exercises – JE 31/12/19</li> </ul>

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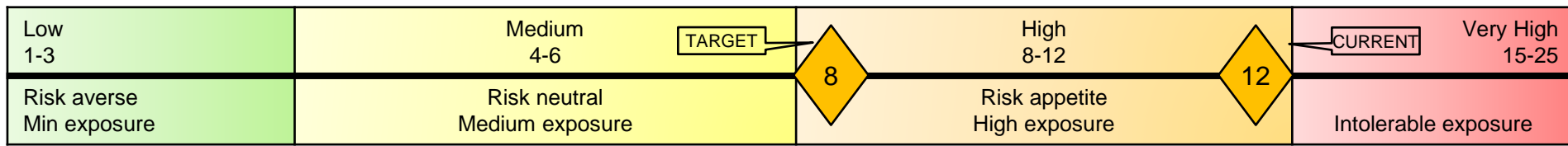
## Strategic Objective 3 - Work in Partnership to Commission Health and Social Care

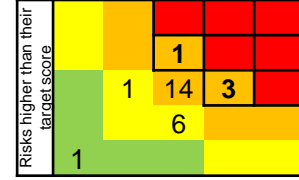
### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Partnership working	12 ↕	4 risks score 12 (high)  #241 Use of out of area Acute and Psychiatric Intensive Care (PICU) Mental Health bed provision (12).	<p>All out of area referrals are monitored through CRM/ CQRM/ Monthly SHFT External Contract referrals programme Board.</p> <p>Weekly "hard to place" panel has been established specifically to enable more timely discharge from acute wards.</p> <p>Investment in crisis services – implementing additional capacity.</p> <p>SHFT moved to moving to an area based beds model in July 2019</p> <p>Daily call with Executive Mon–Fri. Each call has a theme e.g. planned transfers out of PICU, very long term stay patients, discharges</p> <p>Work with Consultants on their approach to extended leave.</p> <p>New arrangement for transfers of PICU patients to acute hospital beds</p> <p>Rapid action workshop with Hampshire County Council focusing on PICU in September 2019</p> <p>New rapid improvement plan in place with 30, 60 and 90 day actions</p> <p>New SHFT Chief Operating Officer in place</p>	6	<p>Insufficient PICU beds in Hampshire – the number of out of area placements currently at 59 with an additional 15 in locally commissioned beds</p> <p>No Female PICU beds in Hampshire</p> <p>System level oversight of MH flow.</p> <p>Currently no system level oversight of MH urgent care bed use.</p>	<p>Continue to work with housing providers and Hampshire County Council to identify opportunities to commission alternative accommodation to reduce length of stay and improve patient flow issues. – JE 30/11/19</p> <p>Formalising contractual arrangements for PICU beds with Marchwood Priory – JE 31/12/19</p> <p>6 Female PICU beds secured just across Hampshire border – JE 31/01/20</p> <p>Follow up actions in rapid action plan – JE 31/01/20</p> <p>Plans to open more PICU beds in Hampshire following review and rationalisation of estate – JE 31/03/20</p> <p>Roll out effective patient flow discharge. Board to oversee whole system MH urgent care.</p>

### Overall Risk to Strategic Objective





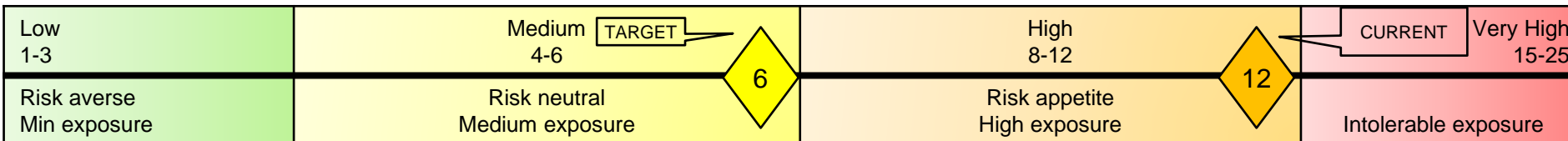
## Strategic Objective 4 - Establish Local Delivery Systems

### AGGREGATED RISK STATUS

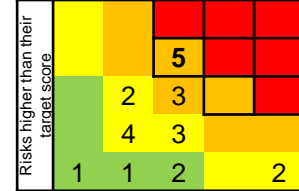
### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 4 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS AND/ OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Establish Local Delivery Systems	12	#441 If the Eastleigh ETTF Integrated Health Hub development does not meet NHS England's ETTF delivery timescales then funding for the premises scheme will not be awarded	<p>Further site options are being explored in partnership with Eastleigh Borough Council (EBC) following the loss of the Mitchell House site.</p> <p>A feasibility study is being conducted on another Eastleigh site owned by EBC.</p> <p>The CCG continues to hold briefing discussion with NHS England for support and guidance.</p>	6	Programme under review to ascertain feasibility of alternative site option.	Working with Eastleigh Borough Council on a feasibility study for an alternative site option to develop the integrated Health & Wellbeing Hub. To be completed by end of Dec-19 - RK

### Overall Risk to Strategic Objective







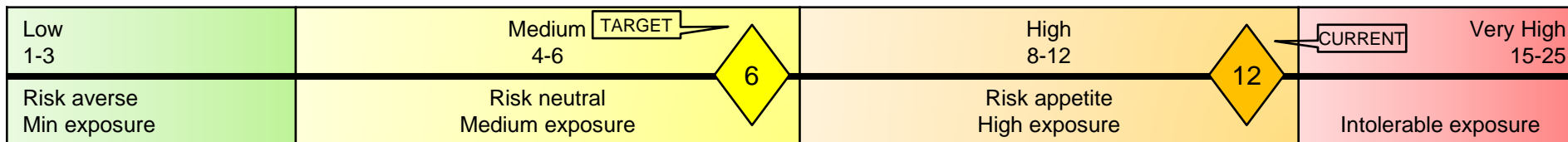
## Strategic Objective 5 - Develop CCG Workforce

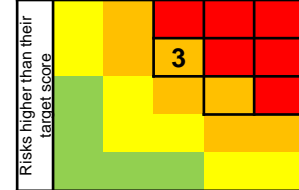
### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 5 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Develop CCG Workforce	12 ↑	#551 Quality Team Resource and Capacity	<p>The Quality Team have worked to reduce reporting requirements and make better use of the Risk Register to provide assurance and release time for direct QA/QI</p> <p>The Quality Team have innovated with providers to develop combined provider/commission quality roles to reduce duplication</p> <p>Quality Team managers have been offered the opportunity for flexible working weeks to manage capacity and stress</p> <p>Job description for Head of Quality finalised and 0.6WTE Quality Manager available from within existing budget due to restructure. Advertising for both roles in November</p>	6	<p>Insufficient resource to meet additional Quality Team agenda leading to:</p> <ul style="list-style-type: none"> <li>a lack of meaningfully engage with ICP quality governance development</li> <li>Quality team staff working 15+ additional unpaid hours</li> <li>additional line management burden of the Child Death Overview Panel staff</li> </ul>	<p>Complete Recruitment to Head of Quality post and 0.6 WTE Band 8a post – EM 31/12/19</p> <p>Set up and agree MOU with local CCG's to share more quality resource – EM 31/01/20</p>

### Overall Risk to Strategic Objective





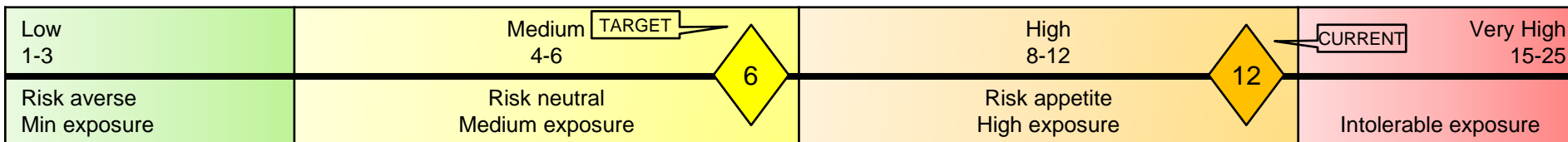
## Strategic Objective 6 - Communications and Engagement

### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 3 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Communications and Engagement	12 ↕	#657 CCG's premises/facilities become unusable or inaccessible (12)	Business Continuity Plans Work with partnering CCGs Remote access Cloud based email	6	Business Continuity Plan review	Ensure all teams complete Business Continuity exercise based on premises loss – JE 31/03/20
	12 ↕	#656 CCGs' information systems are subject to a cyber-attack or there is a break-in at the CCGs' premises (12)	Business Continuity Plans Work with partnering CCGs for IT access if issue is local IG training (annual) CSU IT policies On site IT technician Wider NHS Digital work programme Cloud based email Servers are backed up remotely Key fob OR keypad entry to office Exercising of Business Continuity plans IT remote working IG Toolkit	6	Business Continuity review  Tailgate access into building	Testing Business Continuity systems – JE 31/12/19  Reminder to staff about challenging people entering the building without a pass – JE 31/12/19

### Overall Risk to Strategic Objective



## 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
<b>1. Impact on the safety of patients, staff or public (physical/psychological harm)</b>	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
<b>2. Quality/complaints/audit</b>	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
	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.
<b>3. Human resources/organisational development/staffing/competence</b>	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
	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.
<b>4. Statutory duty/inspections</b>	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
	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.

	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
<b>5. Adverse publicity/reputation</b>	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.
	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
<b>6. Business objectives/projects</b>	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.
	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
<b>7. Finance including claims</b>	Small loss Risk of claim remote.	Loss of 0.1–0.25 per cent of budget. Claim less than £10,000.	Loss of 0.25–0.5 per cent of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5–1.0 per cent of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification/slippage. Loss of contract / payment by results. Claim(s) >£1 million.

### Likelihood scoring matrix:

Likelihood	1	2	3	4	5
<b>Descriptor</b>	<b>Rare &lt;20%</b>	<b>Unlikely 20-40%</b>	<b>Possible 40-60%</b>	<b>Likely 60-80%</b>	<b>Almost certain 80%+</b>
<b>Frequency</b> 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	<b>5</b>	<b>10</b>	<b>15</b>	<b>20</b>	<b>25</b>
4. Likely	<b>4</b>	<b>8</b>	<b>12</b>	<b>16</b>	<b>20</b>
3. Possible	<b>3</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>
2. Unlikely	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>10</b>
1. Rare	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic

# Board Risk Statement

## July 2019



# The Board's risk statement July 2019

## 1. Introduction

We recognise that the CCG must take risks. Indeed, only by taking risks can we achieve our aims and deliver beneficial outcomes to our patients. However, we must take risks in a controlled manner, reducing our exposure to a level deemed acceptable by the Board.

## 2. Risk Tolerance

The CCG *will tolerate some high risks* if there are unreasonable costs in controlling or mitigating them to a level below this. However, as a general principle we will *not tolerate very high risks* which could:

- cause significant harm to patients, staff, visitors and other stakeholders;
- severely compromise the reputation of the CCG or the wider NHS;
- endanger the financial viability of the CCG;
- jeopardise the CCG's ability to carry out its core purpose;
- threaten the CCG's compliance with law and regulation;
- compromise the delivery of the CCG's responsibility for constitutional standards.

In these cases, the CCG will assure that all reasonably practicable measures have been taken to control and mitigate the risks in an endeavour to reduce them to a tolerable level.

## 3. Risk Appetite and Impact Threshold

The CCG's current overall risk appetite is defined as **CAUTIOUS**. The CCG is willing to consider medium risk delivery options when balanced against an acceptable level of reward and value for money. However, the CCG has an impact threshold of **Moderate**, meaning we will not seek to take risks with a possible impact higher than **Moderate**, regardless of the potential level of reward.

