

CCG Board

Date of meeting		30 January 2020	
Agenda Item	10	Paper No	WHCCG20/009

West Hampshire CCG Board Assurance Framework

<p>Key issues</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>The BAF is based on the Strategic Objectives of the CCG.</p> <ul style="list-style-type: none"> • Quality & Performance <ul style="list-style-type: none"> ○ Constitutional standards / performance & KPI, DTOC ○ Patient experience ○ Workforce • Financial sustainability • Working in Partnership for optimum service delivery • Developing Local Delivery systems • Developing CCG workforce • Communications and Engagement <p>1 new very high risk and 2 new high risks have been raised:</p> <ul style="list-style-type: none"> • #679 Financial impact of setting a budget that is below the control total for 2020/21 (16) • #667 There may be insufficient immediate or future capacity within the safeguarding Adult's team to meet the needs of adult's at risk or the CCG's statutory duties (12) • #678 There is risk to ensuring the safe and sustainable delivery of NHS services during the winter period due to escalating urgent care demand (12)
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There were 14 risks whose scores were reduced and removed from the BAF:

- #215 SHFT not commissioned to deliver national access targets for psychological therapy (8)
- #399 Cost pressure associated with NHSE discharges under the TCP - Transforming Care Programme (9)
- #423 If Millbrook Healthcare do not have access to staff with the required specialist skills (9)
- #551 Quality Team Resource and Capacity (9)
- #589 Ophthalmology Outpatient Capacity (9)
- #618 SHFT Governance oversight during transformation (9)
- #626 Eastleigh Southern Practices Contract End (6)
- #630 Andover ETTF: If the business case approval process is delayed this may impact on delivery of the scheme (9)
- #633 Andover ETTF: If the increased costs of the new building are unaffordable, the services will not be prepared to relocate (9)
- #634 Andover ETTF: If the cost of equipping the new build is unaffordable, the service will be unable to relocate (6)
- #642 Deliverability of the Health and Social Care Network (9)
- #655 If there is a substantial level of staff absence (9)
- #656 If the CCGs' information systems are subject to a cyber-attack or there is a break-in at the CCGs' premises or IG (9)
- #657 If the CCG's premises/facilities become unusable or inaccessible (9)

4 Risks have been merged due to a review of the EU Exit Risks following the General Election:

- #570 Shortage of critical pharmaceutical products merged with Risk #557 If the UK leaves the EU without a deal
- #571 Shortage of critical medical equipment merged with Risk #557
- #572 Shortage of critical consumables due to increased time for imports to clear customs merged with Risk #557
- #581 Potential for large numbers of live animals to be trapped in vehicles caught up in road closures merged with Risk #557

1 Duplicate Risk closed:

- #664 Non-compliance with the Intercollegiate Document for Designated Nurse Resource (12)

There are no Communications and Engagement Corporate Risks with a very high rating for inclusion on the BAF.

	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
Strategic objectives	All
Actions requested / Recommendation	The West Hampshire CCG Board is asked to review the Board Assurance Framework, and assure themselves 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 CCG.
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.
Financial and resource implications / impact	Not applicable.
Legal implications / impact	Not applicable.
Privacy impact assessment required?	Not applicable.
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	Mike Fulford, Chief Operating Officer
Date of paper	13 January 2020

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LIKLIHOOD	5 Almost Certain			Financial Sustainability		
	4 Likely		Work in Partnership Quality - Workforce	Quality - Patient Experience		
	3 Possible		Communications and Engagement CCG Workforce	Quality - Performance Standards Establish Local Delivery System		
	2 Unlikely					
	1 Rare					
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
		IMPACT				

New Risks:

- #667 Insufficient immediate or future capacity within the safeguarding Adult's team (12)
- #678 There is risk to ensuring the safe and sustainable delivery of NHS services during the winter period due to escalating urgent care demand (12)
- #679 Financial impact of setting a budget that is below the control total for 2020/21(16)

Reduced risks and removed:

- #215 SHFT not commissioned to deliver national access targets for psychological therapy (8)
- #399 Cost pressure associated with NHSE discharges under the TCP - Transforming Care Programme (9)
- #423 If Millbrook Healthcare do not have access to staff with the required specialist skills (9)
- #551 Quality Team Resource and Capacity (9)
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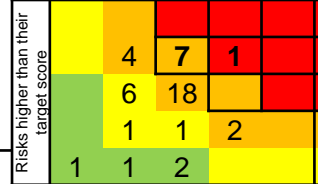
Risks merged:

- #570 Shortage of critical pharmaceutical products merged with Risk #557 If the UK leaves the EU without a deal
- #571 Shortage of critical medical equipment merged with Risk #557
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Duplicate risk closed:

- #664 Non-compliance with the Intercollegiate Document for Designated Nurse Resource





Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

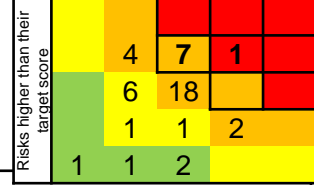
AGGREGATED RISK STATUS

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
Patient Experience	16 ↔	1 risk scores 16 (very high) & 7 risks score 12 (high) #448 Children and Adolescent Mental Health Service (CAMHS) waiting list	Referral triage, monthly review of high risk patients, contact with long waiters and LAC and YOT prioritisation. Redesign of Front Door has been led by Sussex partnerships and Children's Commissioning Collaborative. Completed initial risk review of waiting list for Winchester and Test Valley and contacted families where highest risk perceived. External peer review to validate clinical model and assumptions completed WHCCG Board approved an investment plan in July 2019, Partnership Board in October 2019 Workforce implementation plan in place Monthly CRMs and CQCRMS to be reinstated in 2020 and weekly CAMHS improvement calls in place Risk review of waiting list now standard.	8	High turnover of staff compromising service protocols Insufficient staffing for Single Point of Access	Staff recruitment implementation plan required as additional funding for Core CAMHS staff secured – JE 31/1/2020 Wider review of the whole CAMHS pathway has been delayed by lack of capacity in the team, now due Q4 – JE 31/03/2020 Ensure that current shared care protocols for anti-psychotic medication repeat prescriptions are being followed – JE 31/03/2020

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	16



Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

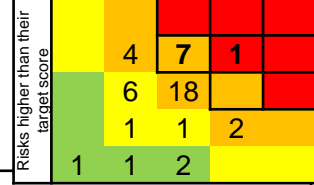
AGGREGATED RISK STATUS

ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 1 risk scores 16 (very high) & 7 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	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, these actions have been completed.</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	An internal audit of the risk assessment policy by Secure UK to be reported to CQRM in February 2020– EM 28/02/20

Overall Risk to Strategic Objective

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



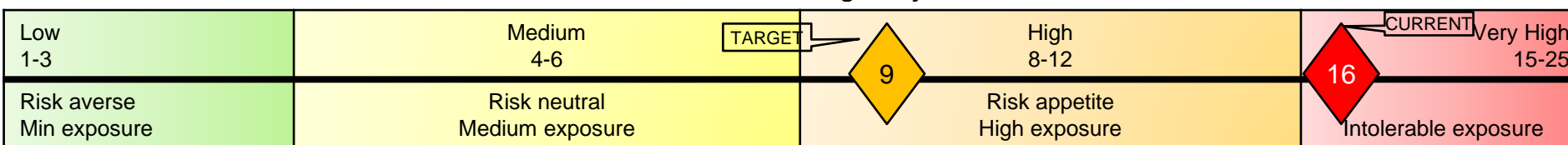
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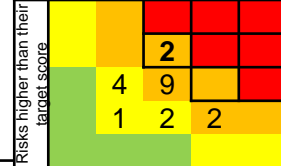
AGGREGATED RISK STATUS

ACTIONS

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Patient Experience	12 ↕	1 risk scores 16 (very high) & 7 risks score 12 (high) #678 There is risk to ensuring the safe and sustainable delivery of NHS services during the winter period due to escalating urgent care demand. As a result there is a risk patients may experience poorer quality care or outcomes, and that flow across all sectors (hospital, community, social care, primary care) may be reduced	The CCG has a range of existing controls in place: <ul style="list-style-type: none"> • Winter plans for each system, which include assessment of planned need and mitigating actions to deliver necessary capacity in winter • New arrangements to collaborate across the HIOW system, which include a HIOW winter team & director and ensure patient flow is managed across providers • Specific plans for Flu, BCP, EPRR, IC, and weather • Additional capacity purchased including pooled budgets across systems • Strong resilience and on call arrangements 	6	There are a number of areas where it is difficult to have full assurance and control, including: <ul style="list-style-type: none"> • Staffing challenges (recruitment, and long term gaps) • Staffing challenges (sickness) • Peaks in demand due to flu, norovirus and other infection /surge issues • Packages of care to ensure adequate flow out of community beds into social care capacity 	<ul style="list-style-type: none"> • Continued collaboration across HIOW to work together on a daily basis to manage flow and demand

Overall Risk to Strategic Objective





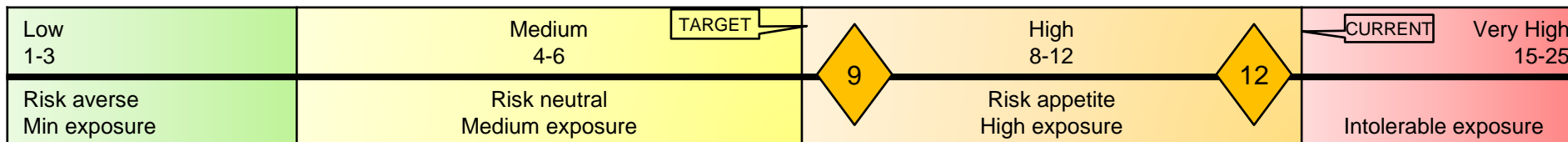
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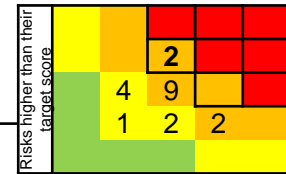
AGGREGATED RISK STATUS

ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 2 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>CCG has reviewed all provider workforce plans against key criteria aligned with the NHS People Plan - the CCG is assured that HHFT, UHSFT and SHFT have credible workforce plans - Quality Team continue to work with RBCHFT and SFT</p> <p>Workforce planning is included in the planning assumptions when the CCG develops commissioning intentions, models and pathways, and service specifications.</p> <p>Trusts are required to comply with the safer staffing requirements for nursing staff which are reviewed at CQRM, along with wider staffing reports.</p> <p>Providers are exploring new staffing models, including nurse assistants, nurse apprentices use of pharmacists, physicians assistants and paramedics in primary care, return to practice nurses and student placements with primary care</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>Trusts are engaged in oversee's recruitment as required. Trusts are working together to design new rotations, diversity staffing mix and recruit collectively.</p>	9		Review of progress against key metrics for Workforce Plans for all main providers via CQRM – EM 27/03/2020

Overall Risk to Strategic Objective





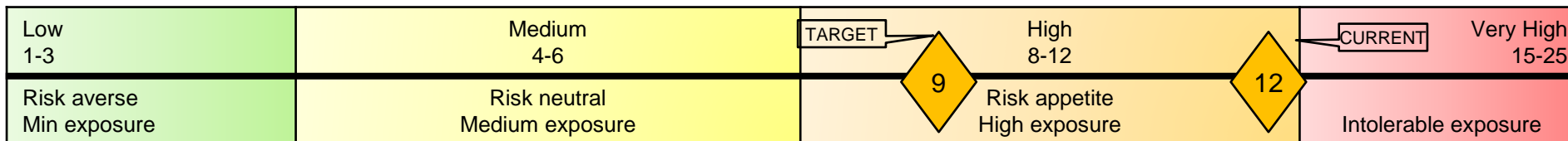
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AGGREGATED RISK STATUS

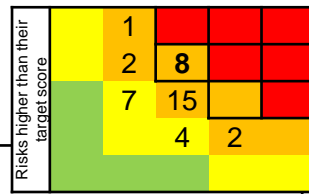
ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 2 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 ↕	#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. CQC announced visit in October 2019, waiting a report.</p> <p>Change of Senior Management Structure at Antelope House and further changes to leadership are underway.</p>	6	Review of Hamtum Ward required to put learning in place for new staffing structure	<p>Participation in Rapid Improvement Plan – EM 28/02/2020</p> <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 31/03/2020</p> <p>Hamtum Ward remains on SHFT list for intensive internal support</p> <p>The CCG recognise the delay in carrying out the Review and Jenny Erwin will raise at next CRM – JE 31/01/2020</p>

Overall Risk to Strategic Objective



Board Assurance Framework January 2020



Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

AGGREGATED RISK STATUS

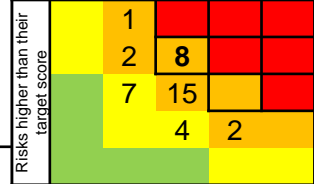
ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 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
Performance Standards	12 ↕	#619 If Hampshire Hospitals NHS Foundation Trust (HHFT) do not achieve the NHS Constitution standards for emergency department waiting times	<p>Task & 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>Pathway review of GP admissions at RHCH to ensure appropriate direct access.</p>	6	<p>Performance improvement not sustained, review of improvement actions underway.</p> <p>Implement of improvement methodology at Winchester remains a challenge due to transformation staff capacity</p> <p>Onward care capacity at Winchester continues to be a challenge escalated via HCC.</p> <p>Ongoing recruitment shortfalls</p>	<p>Refresh of Rapid Improvement Plan in progress, metrics and key actions to be signed off at LADG 16th January. – JE 16/01/2020</p> <p>RCHC deep dive review of community and HCC capacity to deliver discharge requirements for Mid Hants underway – JE 31/01/2020</p> <p>LADG undertaking system wide prospective audit to better understand demand across the urgent care system from primary care through to ED – JE 28/02/2020</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 6		CURRENT 12

Board Assurance Framework January 2020



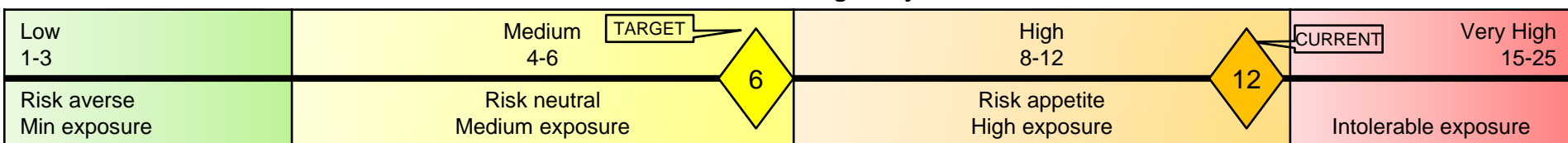
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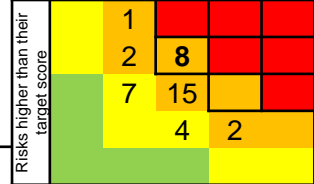
AGGREGATED RISK STATUS

ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 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
Performance Standards	12 ↑	#150 If University Hospital Southampton Foundation Trust (UHSFT) do not meet the constitutional standards for cancer pathways (12)	<p>Monthly meetings between CCGs and Chief Operating Officer to discuss Cancer performance and RAP.</p> <p>Agreed Cancer RAP and trajectory in place to deliver 62 day standards – currently being refreshed with support from CCGs, NHSE/I and the Wessex Cancer Alliance (WCA).</p> <p>Pathway specific meetings being held with operational/clinical teams within UHSFT to understand local issues and identify/progress actions.</p> <p>Regular updates, including escalations, are provided to Contract Performance Board.</p>	6	<p>Prostate demand was a key issue, but due to mitigating actions taken the backlog is reducing.</p> <p>Key issues remain workforce; therefore mitigating actions are focusing around efficiencies and pathway improvements. These will be extremely effective over the longer term, but take longer to implement.</p>	<p>Updated RAP and trajectory from January 2020 – RK 31/01/2020.</p> <p>One stop clinics implemented for Lung and Urology from February 2020 – RK 28/02/2020.</p> <p>Additional mobile CT on site from January 2020. Imaging strategy under development to be complete by end of Q4 – RK 31/03/2020.</p> <p>NHSE/I reviewing ability to source additional capacity within the region at a financial premium.- RK 31/01/2020</p> <p>Deep dive meetings with operational/clinical teams continuing – Gynae in January 2020 – RK 31/01/2020.</p>

Overall Risk to Strategic Objective





Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

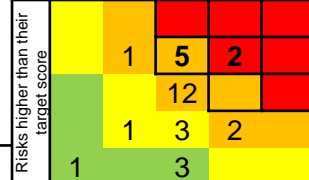
AGGREGATED RISK STATUS

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Performance Standards	12 ↕	8 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"> • Diagnostics (key issue) • RTT 	<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"> • 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). • Monitoring the impacts of diagnostic performance on cancer standards. <p><u>RTT</u> Recovery plan in place, focusing on:</p> <ul style="list-style-type: none"> • Ophthalmology - Dorset CCG has re-commissioned a limited amount of additional ophthalmology capacity. • The Trust has identified and are transferring appropriate activity to the new WHCCG community Primary Eye Care Service which will free up acute capacity. • General Surgery – linked to the endoscopy position waits and so will be helped by increased capacity there. • Weekly WL validation, tracking and review all patients over 40 weeks on the waiting list. • The agreement locally (Dorset) is to work towards a position of no further 52 week breaches by year end. <p>Specialties are managing the balance of cancer priorities with routine waits on a daily basis, the increase in cancer fast-track referrals and cancer work has had a clear impact on RTT position</p>	6	<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"> • The biggest risk areas are in common with other providers - endoscopy, ophthalmology, urology and general surgery in availability to recruit, retain and sustain workforce. • Mitigation of impact of tax and pensions rules on waiting list initiatives. <p>Oversight of WHCCG specific waiting list issues</p>	<p>Following escalation meeting held with RBCH in November 19 an update on diagnostic recovery plan was provided on 20/12/19. This update outlined plans to see increase capacity in endoscopy between now and the end of March via insourcing – clearing third of the back log.- RK 31/03/2020</p> <p>Detailed review of contract performance and funding position to be completed. WHCCG receiving weekly updates on 40 + week waits with TCI dates and reason for breach. Meetings planned with Elective care lead RBCH, WHCCG and Dorset CCG to ensure oversight of breaches and potential challenges. RK 31/01/2020</p>

Overall Risk to Strategic Objective

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



Strategic Objective 2 - Ensure System Financial Sustainability

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
Financial Sustainability	16 ↕	1 risk score 20 (very high) & 4 risks score 12 (high) #493 If the CCG does not deliver the planned 2019/20 position (16).	<p>Ongoing Financial Governance and Internal control and Regularity systems assure the complete and accurate reporting of the position to Board and Budget holders for mitigation of any emerging financial underperformance and risk.</p> <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>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. The SWCSU supports contract management and reporting processes that set out over performance and areas for challenge/remedial action.</p> <p>System wide modelling and planning continues to be developed as the STP prepares to become a shadow Integrated care system in 2020/21</p> <p>In year Financial recover plan has been implemented to mitigate the emerging overspend.</p>	12	The pace at which the whole system approach can be matured is not wholly within the control or influence of the CCG.	<p>Financial Recovery Plan in place FRP in place - reviewed on a monthly basis scheme by scheme. Additional in year financial recovery actions have been implemented.– 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> <p>New structures and processes designed and implemented for UHS contract management and CCG Finance Committee to deliver more focus and rigor – MF 31/03/20.</p>

Overall Risk to Strategic Objective

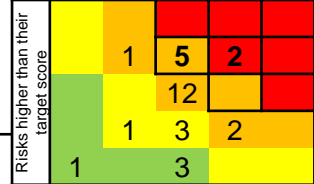
Low 1-3	Medium 4-6	High 8-12	Very High 15-25
Risk averse Min exposure	Risk neutral Medium exposure	Risk appetite High exposure	Intolerable exposure

TARGET

12

16

CURRENT



Strategic Objective 2 - Ensure System Financial Sustainability

AGGREGATED RISK STATUS

ACTIONS

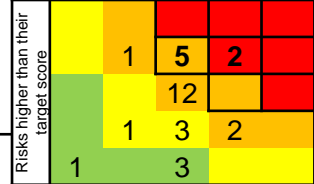
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Financial Sustainability	16	1 risk score 16 (very high) & 5 risks score 12 (high) #679 Financial impact of setting a budget that is below the control total for 2020/21	Financial recovery plan is in place following on from 2019/20 financial position QIPP plan 2020/21 in development Contract negotiations taking place to ensure CCG gets the best value contracts in place that it can	12	Tariff and contracts for 2020/21 awaited from by NHS E/I affecting the ability to complete contract negotiations and understand effect on financial position	Assess implications of Tariff changes – MF 28/02/20 Complete QIPP plan to deliver savings target in 2020/21 – MF 31/3/20 Contract negotiations to be completed – MF 31/03/20 Submission of financial and activity targets to NHSE/I – MF 17/04/20

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 → 12

16 ← CURRENT



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) & 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
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"> Business continuity manager in place CCG representative attending national briefing for NHS Local and national risk register circulated Developed action plan Remote Access available for staff Cloud Based emails Working with Partner CCGs Arrangements for Daily Sitreps to NHSE in place Business Continuity Plans in place 	6	<ul style="list-style-type: none"> Action on national guidance when received Unknown public reaction causing short term shortages of fuel/food/off the shelf medication 	Continuing progressing action plan with STP partners and action on national guidance when received– JE 31/01/20

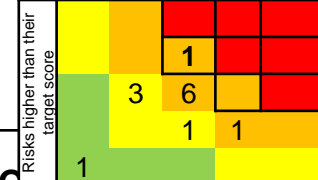
Overall Risk to Strategic Objective

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



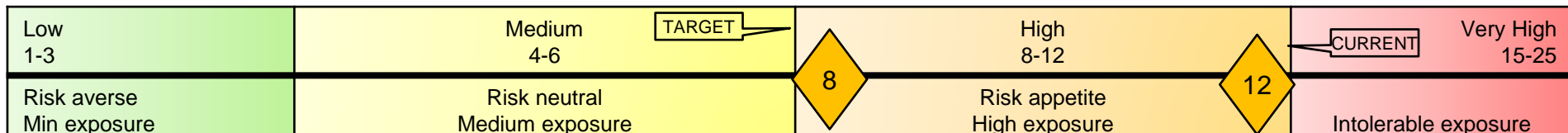
Strategic Objective 3 - Work in Partnership to Commission Health and Social Care

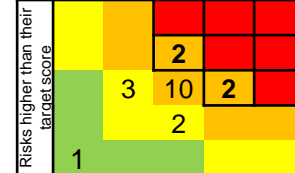
AGGREGATED RISK STATUS

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 ↕	1 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. 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>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. New rapid improvement plan in place with 30, 60 and 90 day actions</p> <p>New SHFT Chief Operating Officer in place</p> <p>Currently planning a new mental health effective flow delivery board.</p> <p>Audit of patients (174) in out of area patients demonstrates, on the whole, they were not disadvantaged in the care they were getting.</p> <p>New contract in place with Marchwood Priory to supply PICU beds</p>	6	<p>Currently no system level oversight of MH urgent care bed use.</p> <p>Number of out of area placements reducing but still above trajectory.</p> <p>Plans for improvement of PICU service means that they are without female PICU.</p> <p>Current status of PICU demand and capacity.</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 31/03/2019</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 31/03/20</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





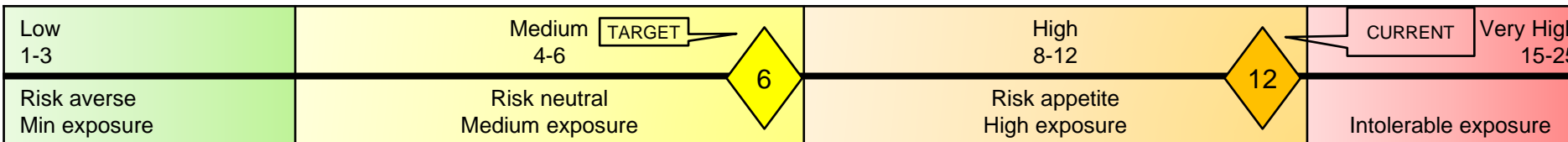
Strategic Objective 4 - Establish Local Delivery Systems

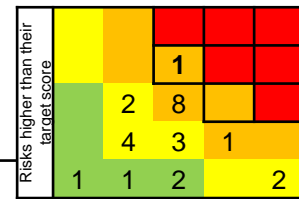
AGGREGATED RISK STATUS

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. RK – 31/3/20

Overall Risk to Strategic Objective





Strategic Objective 5 - Develop CCG Workforce

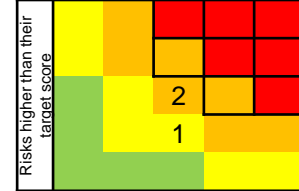
AGGREGATED RISK STATUS

ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 2 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 ↑	#653 If there is disruption as a result of the organisational change, there is a potential to disruption to staff productivity due to uncertainty. It may also cause staff anxiety and increase mental health associated sick leave against affecting productivity.	<p>Organisation change policy in place</p> <p>Conduct, Performance, Grievance and Absence Management Policy in place</p> <p>Occupational Health referrals available to staff and line managers</p> <p>Confidential 24/7 Employee Assistance Programme in place</p> <p>Regular all staff briefings</p> <p>Line Managers hold regular 121's with their staff which include a section on staff health and wellbeing</p> <p>Line Managers training includes an afternoon on stress management and resilience</p> <p>Monitoring of workforce statistics at Learning and Growth Committee for changes in turnover, sickness levels and reasons, use of EAP</p> <p>Additional staff engagement programme initiated November 2019 to include staff drop ins, staff focus groups, 'ask mike' e-mail inbox, and regular updates and FAQs on intranet.</p>	6	Clear future organisational structure for Hampshire CCGs	<p>Develop resilience training for staff – EM 31/03/20</p> <p>Develop new organisational structure – MF 2020</p> <p>All staff event for senior leaders across Hampshire and IOW CCGs – MF 27/01/20</p>

Overall Risk to Strategic Objective

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



Strategic Objective 6 - Communications and Engagement

AGGREGATED RISK STATUS

ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 0 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			There are no corporate communications risks on the Risk Register			

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

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.
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
6. Business objectives/projects	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.
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
7. Finance including claims	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

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.

