

## CCG Board

Date of meeting		23 July 2020	
Agenda Item	7	Paper No	WHCCG20/044

### West Hampshire Clinical Commissioning Group Board Assurance Framework

<p><b>Key issues</b></p>	<p>As per the CCG's Corporate Risk Management Policy, the Board receives the Board Assurance Framework (BAF) at each public meeting. 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> The BAF is based on the Strategic Objectives of the CCG.</p> <ul style="list-style-type: none"> <li>• Quality and Performance             <ul style="list-style-type: none"> <li>○ Constitutional standards / performance and key performance indicators, delayed transfer of care</li> <li>○ Patient experience</li> <li>○ Workforce</li> </ul> </li> <li>• Financial sustainability</li> <li>• Working in Partnership for optimum service delivery</li> <li>• Developing Local Delivery systems</li> <li>• Developing CCG workforce</li> <li>• Communications and Engagement</li> </ul> <p>This version of the BAF incorporates the new COVID related risks which have been reviewed by the Corporate Risk Group on 13 July 2020 and the Executive Team on 20 July 2020.</p> <p>The situation on the current BAF is as follows:</p> <p><b>14 new risks were added to the BAF:</b></p> <ul style="list-style-type: none"> <li>• #707 COVID 19 – Impact on Mental Health Services (12)</li> <li>• #708 Future ICS/ICP picture (12)</li> <li>• #709 Understanding future service needs (12)</li> <li>• #710 Unforeseen consequences of services that were rapidly developed in COVID19 (12)</li> <li>• #711 Staff return to work post COVID (12)</li> <li>• #714 Future of ICS communicated to staff (12)</li> <li>• #715 Post COVID – Recommissioning of services (12)</li> <li>• #716 Post COVID – Increase in patient demand (12)</li> </ul>
--------------------------	---

	<ul style="list-style-type: none"> <li>• #717 Post COVID – Patients not accessing services (16)</li> <li>• #718 Post COVID – Impact on CHC services (12)</li> <li>• #719 Post COVID – Increase in incidents (16)</li> <li>• #720 Financial uncertainty could prohibit transformational change (12)</li> <li>• #721 New Financial Framework (12)</li> <li>• #723 Preparation for a 2<sup>nd</sup> COVID wave (12)</li> </ul> <p><b>There was one risk score which has been increased and therefore added to the BAF:</b></p> <ul style="list-style-type: none"> <li>• #625 Section 136 breaches (15)</li> </ul> <p><b>There were two risks whose scores were reduced and removed from the BAF:</b></p> <ul style="list-style-type: none"> <li>• #619 If Hampshire Hospitals NHS Foundation Trust (HHFT) do not achieve the NHS Constitution standards for emergency department waiting times (6)</li> <li>• #620 LADB/286 Discharge and patient flow (Covers North Hants and Mid Hants areas - Risk lead by North Hants CCG) (6)</li> </ul> <p><b>Two risks were closed and removed from the BAF</b></p> <ul style="list-style-type: none"> <li>• #598 If a small number of very high cost CHC and S117 packages of care are approved the budget will be overspent (12) – situation changed due to COVID 19</li> <li>• #654 Practice sustainability funding (12) – situation changed due to COVID 19</li> </ul> <p>See Appendix A for the West Hampshire CCG BAF. See Appendix B for the Risk Score Matrix.</p> <p>Work is in train to review the CCG’s risk appetite statement in the light of the COVID pandemic, and further engagement with Board members at an appropriate time.</p>
<b>Strategic objectives</b>	All
<b>Actions requested / Recommendation</b>	<b>The 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</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 WHCCG.
<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.
<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>	20 July 2020

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

**New risks:**

- #707 COVID 19 – Impact on Mental Health Services (12)
- #708 Future ICS/ICP picture (12)
- #709 Understanding future service needs (12)
- #710 Unforeseen consequences of services that were rapidly developed in COVID19 (12)
- #711 Staff return to work post COVID (12)
- #714 Future of ICS communicated to staff (12)
- #715 Post COVID - Recommissioning of services (12)
- #716 Post COVID – Increase in patient demand (12)
- #717 Post COVID - Patients not accessing services (16)
- #718 Post COVID – Impact on CHC services (12)
- #719 Post COVID - Increase in incidents (16)
- #720 Financial uncertainty could prohibit transformational change (12)
- #721 New Financial Framework (12)
- #723 Preparation for a 2<sup>nd</sup> COVID wave (12)

**Risk increased:**

- #625 Section 136 breaches (12)

**Reduced risks and removed:**

- #619 If Hampshire Hospitals NHS Foundation Trust (HHFT) do not achieve the NHS Constitution standards for emergency department waiting times (6)
- #620 LADB/286 Discharge and patient flow (Covers North Hants and Mid Hants areas - Risk lead by North Hants CCG) (6)

**Closed Risks:**

- #598 If a small number of very high cost CHC and S117 packages of care are approved the budget will be overspent (12)
- #654 Practice sustainability funding (12)



# Board Assurance Framework July 2020

Risks higher than their target score	1	1	2	3	
		4	18	4	
		1	5	2	
	1	1	1		

## 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 ↕	3 risk scores 16 (very high) & 6 risks score 12 (high)  #448 CAMHS - assurance of safety of young people on the waiting list	Referral triage, monthly review of high risk patients, contact with long waiters and LAC and YOT prioritisation.  External peer review to validate clinical model and assumptions completed  WHCCG Board approved an investment plan in July 2019, Partnership Board in October 2019  Audit of sample of Children on waiting list with a summary to Clinical Governance, March 2020.  New Children and Young Persons Psychological Health and Wellbeing Transformation Board met 5 February 2020 - discuss proposed priorities for the CAMHS programme  During Covid-19 service holds bi-weekly virtual teams meetings and business continuity plans enacted. Many staff are working from home using the platform Attend Anywhere to continue appointments with young people and their families.	8	High turnover of staff compromising service protocols  Insufficient staffing for Single Point of Access  Vacancy rate has deteriorated from 12% month 9 impacting ability to deliver change and service.	Still waiting for staff recruitment implementation plan for additional funding – JE 31/07/2020  Wider review of the whole CAMHS pathway has been delayed by lack of capacity in the team, delayed due to COVID 19– JE 31/07/2020

### 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	8	16 Intolerable exposure

# Board Assurance Framework July 2020

Risks higher than their target score	1	1	2	3	
		4	18	4	
		1	5	2	
	1	1	1		

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

### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 3 risk scores 16 (very high) & 6 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	#717 Patients not accessing services during and post COVID	<p>Communications campaign from providers</p> <p>Communications campaign across HIOW commissioners and NHSE</p> <p>Cancer Alliance and HIOW bedded capacity cell specifically ensuring highest risk and urgent patients are treated</p> <p>Andrew Bishop and Julia Barton leading "minimising harm" discussions which will put measures in place to track</p>	4	Clear process agreed for assessment of harm within the RTT pathway, but not yet agreed for other pathways ie mental health	<p>Roll out the avoidance of harm RTT scorecard as agreed with all providers</p> <p>Monitor returning activity levels</p>
	12	#723 Preparation for a 2nd COVID Wave	<p>COVID second wave modelling in place to understand the R rate in local area.</p> <p>Recovery planning in place so know which services can be closed down and where staff and equipment can be easily redeployed.</p> <p>Bid with national team for additional bedded and ICU capacity</p>	4	<p>R rate modelling completed for acute services, needs to be finalised for community services</p> <p>Community capacity (D2A, IIC, Seacole centres) still being commissioned</p>	<p>Community modelling group meeting 10/7</p> <p>Finalization of capacity requirements for potential second wave – community commissioning ongoing, and bid with national team for additional bedded general and ICU capacity</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	8	CURRENT
		16	

# Board Assurance Framework July 2020

Risks higher than their target score	1	1	2	3	
		4	18	4	
		1	5	2	
	1	1	1		

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

### AGGREGATED RISK STATUS

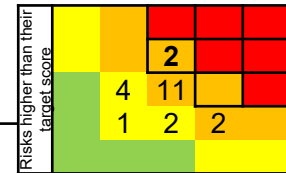
### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 3 risk scores 16 (very high) & 6 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 ↔	#480 Primary Care provision of Adult Medicals for Foster Carers and Adopters - impact on looked after children	<p>GP's have statutory and professional duties to safeguarding children registered with their practices.</p> <p>The CCGs have an existing fee structure of £84 per initial assessment and £27 for re-assessments. The CCGs have agreed to pay individual practices requesting higher fees to ensure that assessments are done in a timely manner but under NHS arrangements the CCGs cannot approve upfront payment.</p> <p>Named GPs for Safeguarding acting as champions to work in partnership with partnerships to achieve a positive outcome.</p> <p>Raised nationally and regionally concerns about implication for securing services of prospective foster carers.</p> <p>A HIPS wide solution is being sought. All designated Nurses for LAC have asked of their LA what the demand is as part of a scoping exercise. Guidance has been issued from Coram BAAF on how this might be resolved during this period and this will be included in the scoping exercise and solutions focus.</p>	6	<p>Corum Baff national figures indicate the collaborative fees have not been uplifted for inflation since 2014 - current cost would be £115 for an initial and £38 for a repeat - this is still below BMA recommendations</p> <p>BMA recommendations differentiate between report writing and examination. The report cost will be £94 and examination £130.</p> <p>There is inequity in the system regarding fees and quality of service (practices requesting payment upfront prior to booking appointments and not releasing reports until payment is made).</p> <p>Cost pressure applying fees requested by some practices is £49K across Hampshire.</p> <p>Under the GMS contract GPs can set their own fees for reports that support another organisations statutory functions.</p>	Paper gone to COO for discussion with DOFs across the Partnership CCGs to address some of the financial implications looking for a way forward - Delayed due to COVID 19 work – MF Q2 28/8/2020

### Overall Risk to Strategic Objective

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

# Board Assurance Framework July 2020



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

### AGGREGATED RISK STATUS

### ACTIONS

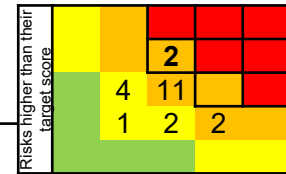
AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
		2 risks score 12 (high)				
Workforce	12 ↔	#601 Cultural concerns affecting mental health quality of care at Hamtum Ward (Antelope House)	<p>Revised management structure of Southampton Mental Health teams including Antelope House. This includes the addition of a Head of Nursing for inpatients to give greater scrutiny of the ward</p> <p>Southern Health executive are aware of the cultural concerns at Antelope and have oversight of the unit.</p> <p>There is a structured programme of peer reviews which include Antelope House to identify concerns of which the CCG are involved. CCG took part in peer review visits July and October 2019</p> <p>Hamtun ward is under intensive support from SHFT and the CQRM receives a regular report on intensive support teams for scrutiny. 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 - Q4 2018/19 Board report reviewed at CQRM in August 2019. CQC report January 2020 following full review in October 2019 overall rating was Good, AMH wards increased rating from Requires Improvement to Good.</p> <p>New management structure now substantive and is embedding. A recruitment fair for Antelope House in January successfully recruited 26 new posts across the unit.</p>	6	<p>A number of previous Serious Incidents (SIs) have identified similar issues which can be related (at least in part) to cultural issues and embedding learning. The Covid-19 pandemic has delayed the start of this review.</p> <p>Head of Nursing for Antelope House left in May 2020 and the post is being recruited to.</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 Covid-19 pandemic has delayed the start of this action which has now been put back to the end of September EM Q2 30/09/2020</p> <p>Hamtun Ward remains on SHFT list for intensive internal support</p>

### 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	6	Risk appetite High exposure	12	Intolerable exposure



# Board Assurance Framework July 2020



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

### AGGREGATED RISK STATUS

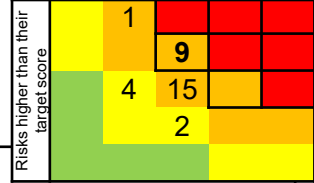
### ACTIONS

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
Workforce	12 ↔	2 risks score 12 (high)  #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>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: Monitoring of impact on patients and service users through Datix, adverse events and SI's as well as patient feedback</p> <p>Formal, structured escalation process for performance and quality issues is in place.</p>	6	<p>COVID-19 has altered activity and consequently staffing needs –</p> <p>organisations will need to reassess requirements</p> <p>impact of virtual working and digital technology is un-assessed</p> <p>some sectors may experience workforce shortages due to post COVID impact e.g. PTSD</p>	<p>Review of progress against key metrics for Workforce Plans for all main providers via CQRM. Due to the COVID-19 pandemic, this action has been extended to the end of July 2020 when it will be reviewed. – EM Q2 31/07/2020</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

# Board Assurance Framework July 2020



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

### AGGREGATED RISK STATUS

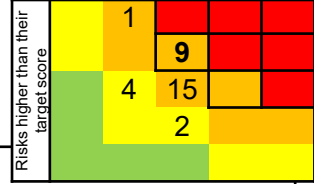
### ACTIONS

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 ↕	# 718 Impact on CHC Services	<p>Following discharge guidance</p> <p>Financial scenario planning taking place</p> <p>Recruiting to CHC vacancies</p> <p>Testing virtual assessment and reviews</p> <p>Early discussions with local authority for their staff capacity to respond when the legislation changes</p>	3	Waiting for Government to change COVID emergency legislation	Ensure preparations in place for when legislation changes – EM Q2 30/09/20

### Overall Risk to Strategic Objective

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

# Board Assurance Framework July 2020



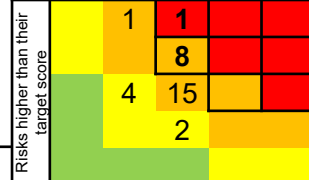
## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

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 ↕	#150 If University Hospital Southampton Foundation Trust (UHSFT) do not meet the constitutional standards for cancer pathways	<p>Monthly meetings between CCGs and Chief Operating Officer to discuss Cancer performance and RAP.</p> <p>Pathway specific meetings being held with operational/clinical teams within UHSFT to understand local issues and identify/progress actions.</p> <p>WHCCG receiving weekly updates on waiting list and long waits over 40 weeks. Visibility of impending 52 week breaches and TCI date with reason for breach transparent.</p> <p>Wessex Cancer Alliance reviewing capacity and demand as part of Wessex area cancer hub model feeding in to restoration and recovery programme boards. Commissioners monitoring capacity and performance.</p> <p>Locally engaging in health promotion to the public to present for health care advice if they are concerned about symptoms " the NHS is open for usual business campaign".</p> <p>Changes to patient management - early assessment work done virtually and risk stratified by consultant and MDT and managed appropriately to need. Category 1A and 1B patients progressing as per clinical need.</p> <p>Going to reinstate monthly SMT meeting with UHS from July 20 (subject to annual leave commitments)</p>	6	Main issue relates to prostate demand outstripping capacity	Trust's latest post COVID performance position under review by CCG commissioners and performance team - RK Q2 31/07/20

### 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 <b>6</b>	Risk appetite High exposure <b>12</b>	Intolerable exposure

# Board Assurance Framework July 2020



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

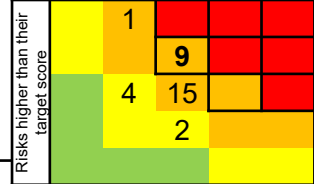
### AGGREGATED RISK STATUS

### 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 ↑	#625 Numbers of individuals being held beyond the legal limits of detention under s136 of MHA. Or being held inappropriately in ED	<p>Additional resource has been provided to Securecare which is being used to maximise efficiency. A thematic review was undertaken by SHFT to identify issues of concern and generate recommendations. A protocol has been generated to improve process for managing breaches. All issues relating to breaches are raised for discussion at the monthly pan-Hampshire S136 group.</p> <p>Covid 19 protocol supported SHFT to unblock beds and improve flow and no S136 breaches for a short period.</p> <p>HIOW STP CCG S136 monthly governance group established. Protocol in place</p> <p>Revised escalation process developed and implemented in response to COVID.</p>	6	<p>SHFT bed flow is deteriorating again and access to beds is currently limited, particularly female PICU. Timely access to CAMHs beds also an ongoing concern.</p> <p>Lack of consistency in escalation of potential breach of timescales.</p> <p>Lack of consistency of process to manage breaches to ensure ongoing detention is legal.</p> <p>Increasing use of ED as place of safety when no physical health need identified.</p>	<p>Commitment to QI week to complete RPIW process around S136 pathway - stalled due to COVID, review August 2020 – JE Q2 30/8/20</p> <p>SOP being drafted to enable SCUUK staff to leave place of safety at 24 hour point.</p> <p>Restoration and recovery report completed with recommendations for consideration of system to improve crisis pathway.</p> <p>Reviewing s136 policy.</p>

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6 <b>TARGET</b>	High 8-12	<b>CURRENT</b> 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

### AGGREGATED RISK STATUS

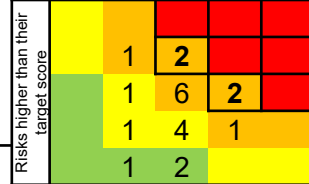
### ACTIONS

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 ↔	#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><u>Diagnostics</u> - Action plan in place, key area of concern - :Endoscopy and Monitoring the impacts of diagnostic performance on cancer standards.</p> <p><u>RTT</u> - Recovery plan in place, focusing on Ophthalmology, General Surgery ,Weekly WL validation. The agreement locally (Dorset) is to work towards a position of no further 52 week breaches by year end.</p> <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> <p>Monthly meetings between CCGs and Chief Operating Officer to discuss Cancer performance and RAP. Pathway specific meetings being held with operational/clinical teams within UHSFT to understand local issues and identify/progress actions.</p> <p>WHCCG receiving weekly updates on waiting list and long waits over 40 weeks. Visibility of impending 52 week breaches and TCI date with reason for breach transparent.</p> <p>Started receiving papers from Dorset CCG performance discussions to enable alignment with support actions.</p> <p>This will be revised in light of COVID recovery planning, development of RTT and cold surgery recovery plans required</p>	6	<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>Actions to meet constitutional standards will be revised in light of Covid recovery planning, development of RTT and cold surgery recovery plans required – RK 31/7/2020</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
	<div style="border: 1px solid black; padding: 2px;">TARGET</div> <div style="display: inline-block; transform: rotate(45deg); background-color: yellow; border: 2px solid black; width: 20px; height: 20px; text-align: center; vertical-align: middle;">6</div>	<div style="border: 1px solid black; padding: 2px;">CURRENT</div> <div style="display: inline-block; transform: rotate(45deg); background-color: yellow; border: 2px solid black; width: 20px; height: 20px; text-align: center; vertical-align: middle;">12</div>	

# Board Assurance Framework July 2020



## Strategic Objective 2 - Ensure System Financial Sustainability

### AGGREGATED RISK STATUS

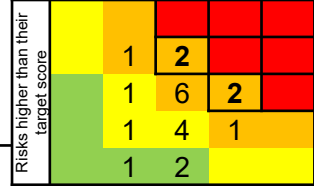
### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 4 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Financial Sustainability	12	#720 New Financial Framework	NHSE have published financial framework for first 4 months of financial year but no clarity beyond this at present.  Continue to monitor guidance releases and sharing and coordinating financial positions across Hampshire.  Continue to develop scenario planning for remainder end of the year	4	Waiting further guidance from NHSE	Implement guidance from NSHE when received – MF 01/08/2020
	12	#721 Financial uncertainty could prohibit transformational change	Increased focus on transformation without investment and partnership working with partners to ensure restored services are transformed.	6	Waiting further guidance from NHSE	Continued work with partners on restored services within financial envelope – MF 31/03/2021

### 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	6	Risk appetite High exposure	12	Intolerable exposure

# Board Assurance Framework July 2020



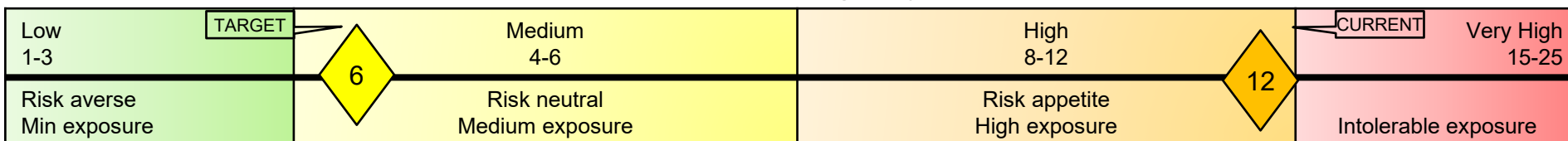
## Strategic Objective 2 - Ensure System Financial Sustainability

### AGGREGATED RISK STATUS

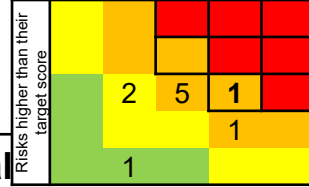
### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 4 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Financial Sustainability	12 ↕	#702 If the CCG does not deliver the planned 2020/21 position	<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 under performance 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>Active Medium Term financial strategy that informs priority setting in the CCG</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>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>COVID 19 - the Government has committed to refunding all additional COVID 19 expenditure.</p>	4	Contracts with providers are currently suspended across the system until 31 July 2020. It is not known what impact this will have on finances once restrictions are withdrawn.	Continue to model CCG position forward and develop the overarching financial strategy that balances system income with expenditure. MF Q4 31/03/2021

### Overall Risk to Strategic Objective



# Board Assurance Framework July 2020



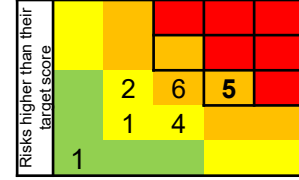
## Strategic Objective 3 - Work in Partnership to Commission Health and Social

AGGREGATED RISK STATUS					ACTIONS	
AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 1 risk scores 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Partnership Working	12	#708 Future ICS/ICP picture	<p>The Boards of Fareham and Gosport, Isle of Wight, North Hampshire, South Eastern Hampshire, Southampton City and West Hampshire CCGs met and have agreed to move towards formally creating a single CCG with effect from April 2021.</p> <p>Plan to work together in shadow form from September this year with a continued emphasis on strong local teams that have responsibility and delegated authority to work effectively with Primary Care Networks, local councils and Integrated Care Partnerships</p> <p>Change team working with boards and clinical leads, and in turn with partners, clinicians and stakeholders.</p>	4	Clear business plan and timescales for moving toward creation of the single CCG	<p>.Major engagement programme to run between July and October in phase 1 and phase 2 October to April 2021 Major engagement programme – MF Q4 31/03/2020</p> <p>Develop business plan and timeline for merger – MF Q2 30/09/2020</p>

### Overall Risk to Strategic Objective

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





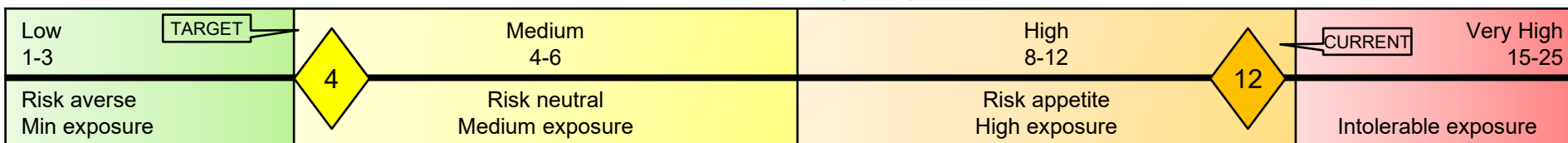
## Strategic Objective 4 - Establish Local Delivery Systems

### 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 AND/ OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Local Delivery Systems	12	#710 Unforeseen consequences of services that were rapidly developed in COVID19	<p>Each system is building a specific restoration and recovery plan</p> <p>As part of that plan in the SW and NM each system is evaluating the impact of the short term service changes we put in place</p> <p>HCC also completing an evaluation on discharge of patients</p>	4	Evaluation plans need to be detailed, completed and implemented	Systems to share evaluation plans
	12	#709 Understanding future service needs	<p>Each system is building a specific restoration and recovery plan</p> <p>As part of that plan in the SW and NM each system is evaluating the impact of the short term service changes we put in place</p> <p>HCC also completing an evaluation on discharge of patients</p>	4		

### Overall Risk to Strategic Objective



Risks higher than their target score	2	5	1	1
	1	1	2	1
	1	1	2	2
	1	1	2	2

## Strategic Objective 5 - Develop CCG Workforce

### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 1 risk scores 15 (very high) and 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 (12).	<p>Organisation change policy in place. Conduct, Performance, Grievance and Absence Management Policy in place. Occupational Health referrals available to staff and line managers. Confidential 24/7 Employee Assistance Programme in place</p> <p>Monitoring of workforce statistics at Learning and Growth Committee for changes in turnover, sickness levels and reasons, use of EAP</p> <p>Regular all staff briefings Line Managers hold regular 121's with their staff which include a section on health and wellbeing. These have continued via Skype and Microsoft teams during COVID 19 response. Creation of Safe Spaces and Steam rooms for staff to express issues and feelings in an informal setting.</p> <p>Line Managers training includes an afternoon on stress management and resilience and how to help staff during COVID 19.</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> <p>Change Director recruited to support organisational changes.</p>	6	Clear future organisational structure for Hampshire CCGs -. Some organisational structures changed overnight in some teams due to critical need to handle COVID 10. Major incident has accelerated organisational change.	Continue to provide Health and Wellbeing support to staff whilst working at home and going through a period of organisational change – EM Q4 31/03/2021

### 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

# Board Assurance Framework July 2020

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

## Strategic Objective 5 - Develop CCG Workforce

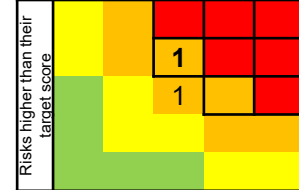
### AGGREGATED RISK STATUS

### 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
Develop CCG Workforce	12	2 risks score 12 (high)  #711 Staff return to work post COVID (12)	Follow government guidelines about safe working 1-2-1s with line managers in place Team catch ups, staff briefings in place Healthy living guidance on Intranet Mental Health first aiders in place Safe places working groups in place.	6	Ensure all staff who need them receive their separate risk assessments  Return to work plan developed and communicated to staff	Complete staff risk assessments – Q1 EM 31/07/20  Return to work plan communicated to staff – Q2 EM 30/09/20

### 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 6 - Communications and Engagement

### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 1 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 ↑	IF the CCG's premises/facilities become unusable or inaccessible THEN the CCG's ability to complete their core business activities may be affected, RESULTING IN service delivery and reputational impacts (12)	BC Plan TextAnywhere has been tested and used Wider use during CoVID19 with staff working from home Work with partnering CCGs Remote access Cloud based email Severe weather plan TextAnywhere MS teams	6	Further revision of BC Plan expected Autumn 2020	Business Continuity Plan to be revised– JE Q3 31/10/2020
	12	#714 Future of ICS communicated to staff (12)	Updates to staff provided in all staff briefings Communications and engagement plan in development	4	Clear communication plan and timeline shared with staff	Update to be provided for the August All Staff Briefing – MI Q2 11/08/2020

### 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

## 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	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<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