

CCG Board

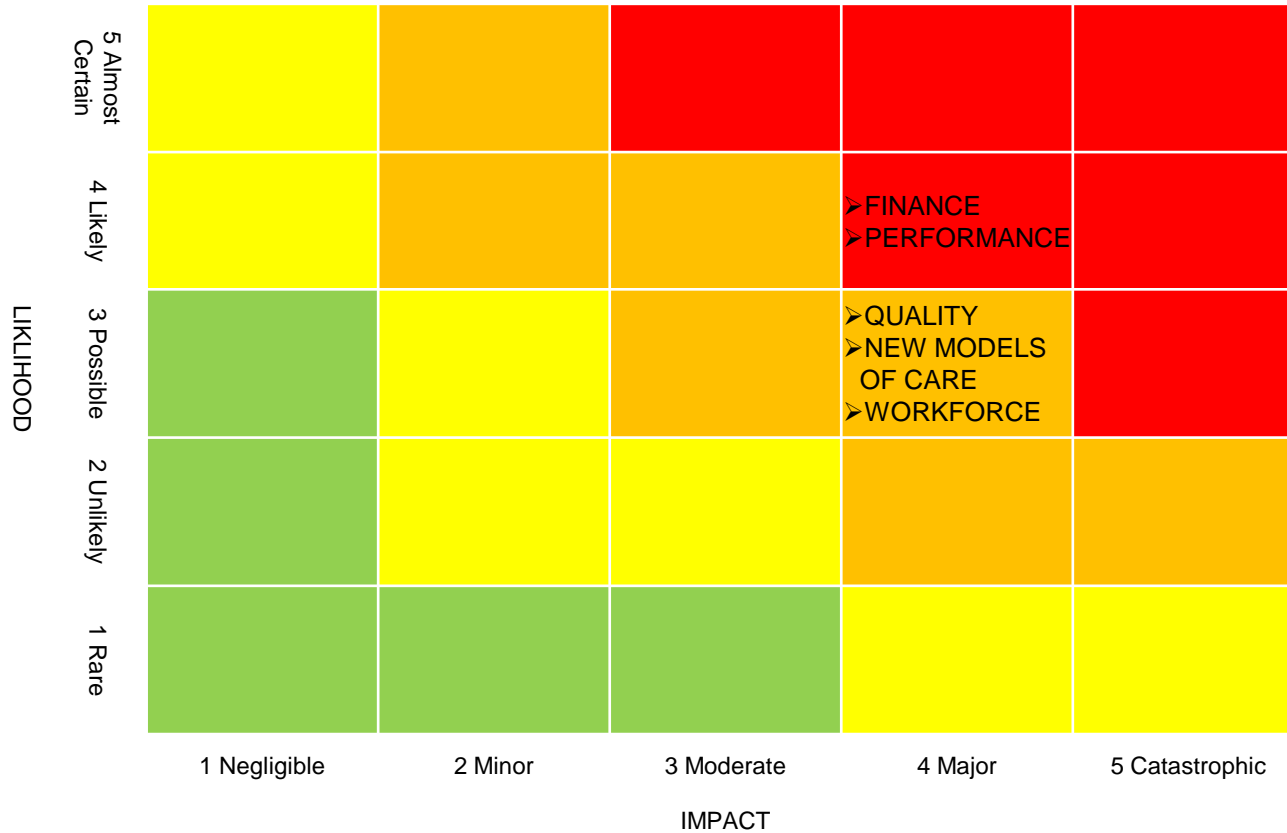
Date of meeting		27 September 2018	
Agenda Item	8	Paper No	WHCCG18/072

West Hampshire CCG Board Assurance Framework

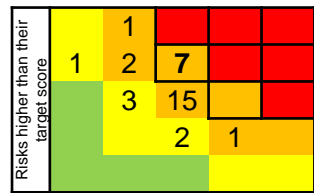
Key issues	<p>As per the CCG's Corporate Risk Management Policy, the Board receives the Board Assurance Framework (BAF) at each public meeting. The BAF was reviewed by the Corporate Risk Group on 4 September 2018.</p> <p>Board Assurance Framework (BAF) The BAF is a <i>high level, aggregated risk</i> description of the risks that relate to the achievement of the CCG's strategic objectives. It is intended to provide assurance to the Board in relation to the management of risks that threaten the ability of the organisation to achieve these objectives. <i>It only includes very high and high risks which are currently above their target risk score.</i></p> <p>There are <u>two unchanged very high risk areas</u>:</p> <ul style="list-style-type: none"> • Finance (financial sustainability, financial recovery plan, Sustainability and Transformation Plan control total – Score 16. • Performance (constitutional standards, significant areas of non-delivery) – Score 16. <p>There are <u>three unchanged high risk areas</u>:</p> <ul style="list-style-type: none"> • Quality (patient experience) – Score 12. • Developing New Models of Care (Sustainability and Transformation Plan, local delivery systems) – Score 12. • Workforce – Score 12. <p>Risks Added</p> <ul style="list-style-type: none"> • #524 Health partners contribution to the new High Risk Domestic Abuse (HRDA) arrangements in the adult Multi Agency Safeguarding Hub (MASH). • #512 S136 transport and staffing.
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	<p>Risks Removed</p> <ul style="list-style-type: none"> • #444 Southern Health NHS Foundation Trust Corporate Safeguarding Team. Risk score reduced to 9. • #436 Assessment of the future provision of physical community health services for the West Hampshire population. Target score achieved. • #437 Clinical engagement with the Local Care System (LCS) Programme in North/ Mid Hampshire. Target score achieved 9. <p>See Appendix A for the West Hampshire CCG BAF. See Appendix B for the Risk Score Matrix.</p>
Strategic objectives/perspectives	All strategic objectives, as set out in the paper
Actions requested / Recommendation	The West Hampshire Clinical Commissioning Group Board is asked to review the Board Assurance Framework to assure that all reasonably practicable actions are being taken to control and mitigate the risks to delivery of the strategic objectives.
Principal risk(s) relating to this paper	This paper addresses the need for a method of providing assurance regarding the prioritisation, control and mitigation of corporate risks that may have an adverse effect on the successful delivery of the Strategic Plan Objectives of West Hampshire Clinical Commissioning Group.
Other committees / groups where evidence supporting this paper has been considered.	The documents are reviewed at the Corporate Risk Group prior to submission to the Board. The Audit Committee also reviews this document.
Financial and resource implications / impact	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	Ben Heaton, Emergency Management and Risk Manager
Sponsoring Director	Beverley Goddard, Director of Performance and Delivery
Date of paper	18 September 2018

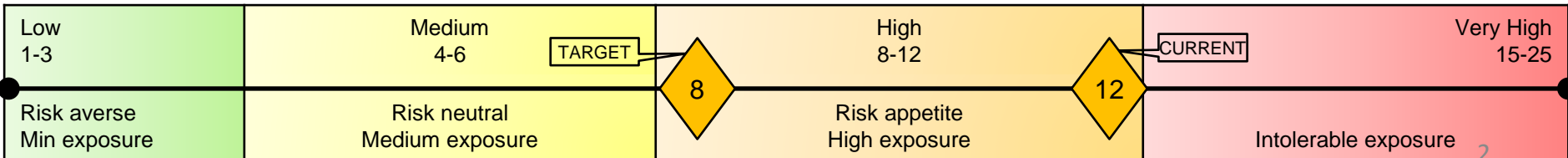
West Hampshire CCG Board Assurance Framework

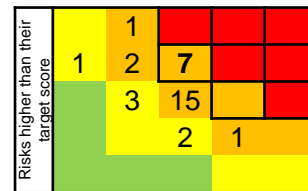


Board Assurance Framework September 2018

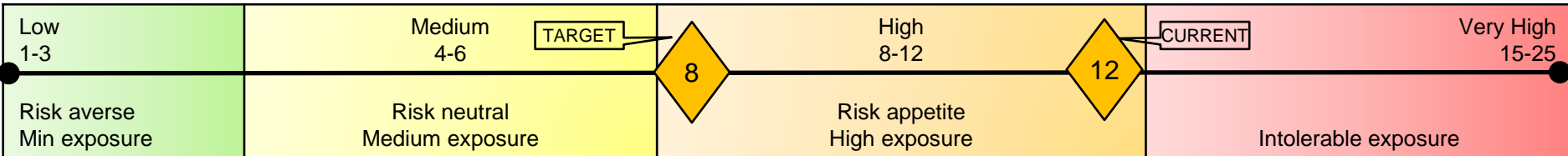


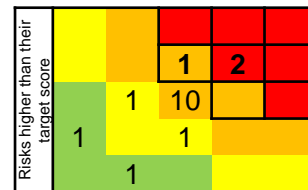
AGGREGATED RISK STATUS						ACTIONS	POTENTIAL IMPACT ON OBJECTIVE				
AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS AND/ OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET	FINANCIAL STABILITY	SAFE & SUSTAINABLE HIGH QUALITY	COLLABORATIVE HEALTH & SOCIALCARE	ESTABLISH LOCAL DELIVERY SYSTEMS	CCG WORKFORCE
Quality (patient experience)	12 ↕	NEW #524 Health partners contribution to the new High Risk Domestic Abuse (HRDA) arrangements in the adult MASH.	High risk domestic abuse cases are considered by the MASH and the Local Authority and Police are able to contribute timely information.	8	Capacity within the MASH health to manage HRDA.	Work with SHFT to identify capacity to support HRDA – EM Q3 2018/19.	LOW	HIGH	HIGH	LOW	LOW
		#270 Children's MASH delivery to specification.	The health MASH will continue researching cases with any siblings, vulnerable others and adults.		Section 17 referrals are not being prioritised by the MASH at present.	Complete internal audit of safeguarding arrangements in SHFT – EM Q3 2018/19.	ASSURANCE LINE 1 Business: ✓ LINE 2 Corporate: ✓ LINE 3 Independent: ✓ No additional assurance actions required.				
		NEW #512 S136 transport and staffing.	Weekly monitoring meetings with provider. Service Recovery Action Plan (RAP) in place.		Assurance regarding performance improvement.	Formalise concerns with a contract notice – HM Q3 2018/19.					
					Delivery of the RAP actions - HM Q3 2018/19.						





AGGREGATED RISK STATUS						ACTIONS	POTENTIAL IMPACT ON OBJECTIVE				
AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION Seven 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	FINANCIAL STABILITY	SAFE & SUSTAINABLE HIGH QUALITY	COLLABORATIVE HEALTH & SOCIALCARE	ESTABLISH LOCAL DELIVERY SYSTEMS	CCG WORKFORCE
Quality (patient experience)	12 ↕	#443 PHT safeguarding children.	Portsmouth City CCG action plan with partners details improvement actions and are leading oversight and compliance. Separate Safeguarding CQRMs established.	8	Assurance on application of safeguarding protocols and plans to address CQC findings.	Programme of planned clinical visits, including maternity and paediatrics to other providers across the 5 CCG areas – EM Q4 2018/19.	LOW	HIGH	HIGH	LOW	LOW
		#435 PHT governance and quality.	CQC enforcements monitored by CQC & lead commissioner. Phase 1 PHT CQC action plan published Sept 2017. Phase 2 expected October 2018.		Delivery of Phase 1 Quality Improvement Plan.	Monitor progress with WHCCG support as appropriate. Updates to CCG CGC or Board – EM Q3 2018/19.	ASSURANCE				
		#428 Review health assessments for Looked After Children.	Southern Health review health assessment service is in place.		Phase 2 Quality Improvement Plan.	Explore additional waiting list capacity and contingency - EM Q3 2018/19.	LINE 1 Business	LINE 2 Corporate	LINE 3 Independent	✓	✓
							No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		





AGGREGATED RISK STATUS

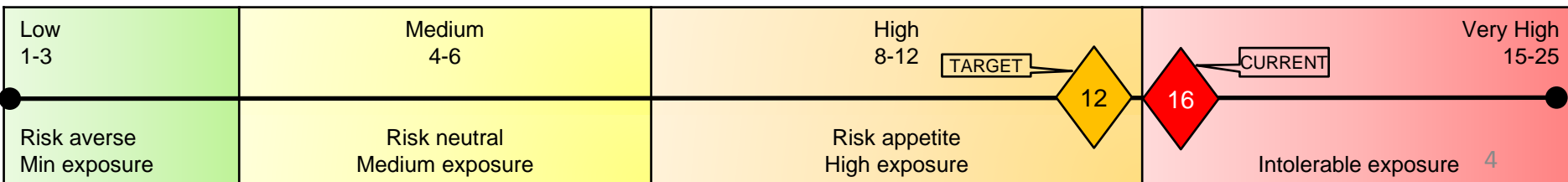
ACTIONS

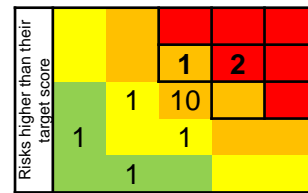
POTENTIAL IMPACT ON OBJECTIVE

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS AND/ OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET	FINANCIAL STABILITY	SAFE & SUSTAINABLE HIGH QUALITY	COLLABORATIVE HEALTH & SOCIALCARE	ESTABLISH LOCAL DELIVERY SYSTEMS	CCG WORKFORCE
Finance (financial sustainability, FRP, STP control total)	16 ↕	#492 If the CCG does not deliver the planned 2018/19 position (16).	Financial Recovery Plan (FRP) processes and assurance in place for 2018/19. Devolved budgetary management arrangements in place. Financial Recovery Plan (FRP) submitted to NHS England.	12	Some QIPP requires other organisations to make changes that may or may not adversely affect their financial position.	Alignment of organisational objectives through relationships with partners under the STP. Contractual arrangements to support QIPP delivery – MF Q4 2018/19.	HIGH	LOW	LOW	LOW	LOW
		#493 If the CCG does not deliver the planned 2019/20 position (16).	Active Medium Term financial strategy. Continued development of system wide approach to balancing income to the system with expenditure on delivering services. Effective long term modelling in place on a monthly basis to identify the financial direction.		Long term planning uncertainty may divert emphasis from long term planning and delivery.	Continue to model CCG position forward and develop the overarching financial strategy that balances system income with expenditure – MF Q4 2019/20.	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		

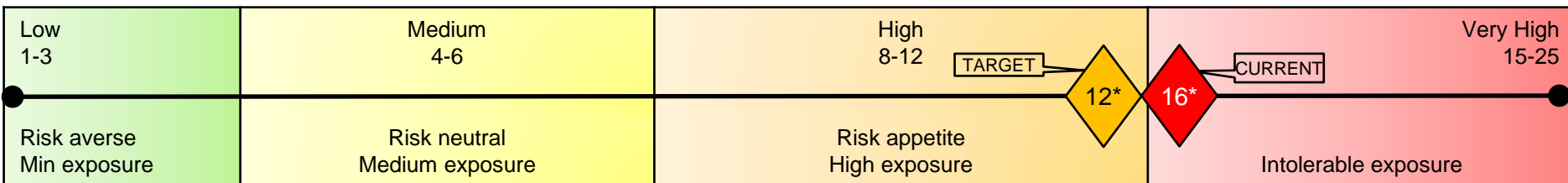
ASSURANCE

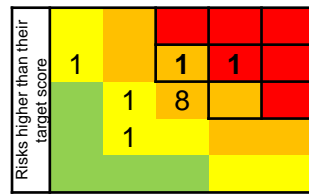
LINE 1 Business	LINE 2 Corporate	LINE 3 Independent
✓	✓	✓





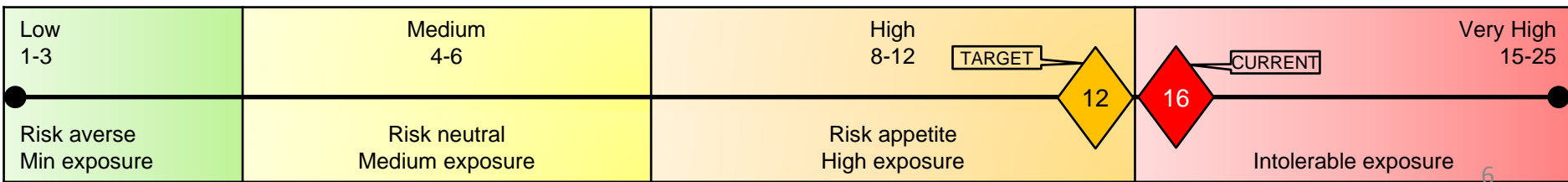
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Finance (financial sustainability, FRP, STP control total)	16 ↕	Two risks score 16 (very high). One risk scores 12 (high)									
		#399 Discharge to the CCG of learning disability patients by Specialised Commissioning (12).	Alternative service model proposals have been suggested to mitigate the financial risk. Action plan in place.	12	Care and Treatment Reviews and support needs analysis. Review of responsible commissioner for each person.	Review Bed Capacity plan for SHIP – HM Q3 2018/19. Continue discussing the alternative commissioning models – HM Q4 2018/19. Agree contractual arrangement with NHSE Specialised Commissioning for discharged learning disability patients – HM Q4 2018/19.	HIGH	LOW	LOW	LOW	LOW
							ASSURANCE				
							LINE 1 Business	LINE 2 Corporate	LINE 3 Independent		
							✓	✓	✓		
							No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		

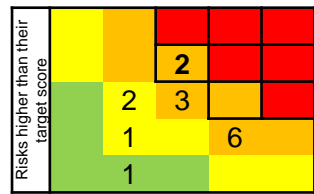




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Performance (constitutional standards, significant areas of non-delivery)	16 ↔	#368 Constitutional standards for patient access and care (16).	Contractual mechanisms to address poor performance and quality standards. Performance Issue and Risk Group ensures appropriate plans are in place to recover performance. A&E Delivery Boards working with Local Delivery Systems.	12	Deliver the actions outlined within the Recovery Action Plans (RAP).	Implement UHSFT and HHFT 18/19 RAPs – RK and JE Q3 2018/19.	HIGH	LOW	LOW	LOW	LOW
		#421 Wheelchair provider delivery of service to specification (12).	Areas of concern are monitored by the quality team to ensure patient risks are reduced. Joint service improvement board in place feeding into the CRM to govern progress against the improvement plan.		Extent of demand and capacity, service priorities, demand management, additional service options, continuous improvement.	Complete demand and capacity modelling, redefine priorities, review clinic and extended hours options, publish continuous improvement plan – JE Q3 2018/19.	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		

ASSURANCE		
LINE 1 Business	LINE 2 Corporate	LINE 3 Independent
✓	✓	✓

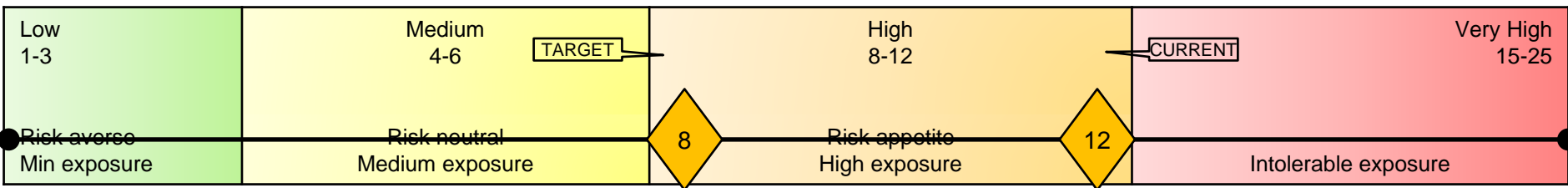


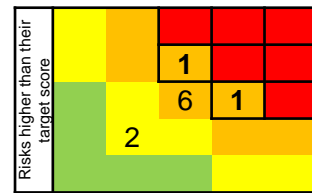


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Developing New Models of Care (STP, local delivery systems)	12 ↕	#117 Primary Care support services.	NHS England contract. NHSE are working nationally to resolve outstanding issues.	8	Assurance from NHS England and provider.	CCG primary care team to follow up issues with individual practices and chasing the provider for results. Hold follow up meeting with NHSE and provider – RK Q3 2018/19.	HIGH	LOW	HIGH	HIGH	LOW
		#132 Winchester practice development.	NHS England and the CCG working with Winchester City Council to ensure timescales match. Scheme approved by Winchester City Council in January 2018 for re-provision of practice premises.		Lease risk mitigation.	Following a number of meetings with the CCG, practice, LMC & NHS E a further meeting has been arranged to review options – RK Q3 2018/19.	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		

ASSURANCE

LINE 1 Business	LINE 2 Corporate	LINE 3 Independent
✓	✓	✓





AGGREGATED RISK STATUS						ACTIONS	POTENTIAL IMPACT ON OBJECTIVE				
AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION Two 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	FINANCIAL STABILITY	SAFE & SUSTAINABLE HIGH QUALITY	COLLABORATIVE HEALTH & SOCIALCARE	ESTABLISH LOCAL DELIVERY SYSTEMS	CCG WORKFORCE
Workforce (provider and CCG)	12 ↔	#131 Recruitment and retention of GP clinical staff.	WHCCG General Practice Forward View Plan (GPFV) 2017-19 in place and assured by NHSE.	8	National resource of GPs and practice nurses. Varying levels of adoption of sustainability initiatives.	Develop the Primary Care Workforce Strategy, and new models of care - RK Q3 2018/19. Collect and analyse baseline information to accurately determine the current initiative position - RK Q3 2018/19.	LOW	HIGH	HIGH	LOW	LOW
		#476 Future Safeguarding Children Teams Resource and Capacity.	Designated doctor and designated nurse in post. Three full time Designated Nurses covering Children's Safeguarding and looked After Children and Designated Doctors for Safeguarding, LAC and Child Death. Four Named GP's to provide expertise to the primary care workforce.		Agreed plan for reconfiguring safeguarding resource.	Proposed structure for integrated safeguarding presented to the August 2018 Integrated Safeguarding Governance Meeting. Awaiting feedback – EM Q3 2018/19.	No additional assurance actions required.	No additional assurance actions required.	No additional assurance actions required.		
							ASSURANCE				
							LINE 1 Business	LINE 2 Corporate	LINE 3 Independent		
							✓	✓	✓		



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