Herts Valleys
Clinical Commissioning Group

Board Assurance Framework 2015/16

Item 16 Appendix 1

Reviewed by:

Senior Executive Team 12 October 15

Commissioning Executive TBA

Quality & Performance Committee 29 October 15

Audit Committee 1 October 15

HVCCG Board 5th November 15

RISK MOVEMENT KEY: RISK DETERIORATING ↓ RISK IMPROVING ↑ NO MOVEMENT →

ASSURANCE KEY: POSITIVE ASSURANCE (+) NEGATIVE ASSURANCE (-)

STRATEGIC OBJECTIVE 1:

We will continually improve engagements with member practices, patients, the public and carers to contribute to and influence the work of Herts Valleys CCG

Risk ID	Date Opened	Risk Description	Corporate Risk Register Links	Risk Owner	Risk Lead	Inherent Impact	Inherent Likelihood	Inherent Risk Level	Controls in place to manage risk	Assurance	Current Impact	Current Likelihood	Current Risk Level	Gaps in Control *(where controls are not working or further control required)*	Gaps in Assurance *(where assurance has not been gained)*	Action Plan Description and Due Date	Progress against Action Plan	Action Completion Date	Assurance Risk is being Managed	Risk Movement since last review	Target Risk Level
BAF 1.1	01.04.15	**Risk** Risk that we fail to engage effectively with a range of our patients, population and stakeholders **Cause** - Lack of commitment - Unclear approach and absence of strategy - Availability of funding - Limited workforce capacity and capability **Consequences** - Poor quality care for patients - Poor patient experience - Poor patient outcomes - Failure to transform services in West Herts - Loss of reputation for HVCCG - Loss of influence	SO1/04 SO1/24 SO1/25 SO1/26	Director of Strategy, Planning & Delivery	Associate Director of Communications and Engagement	4	4	**16**	1. Public Participation Strategy and Implementation Plan provides consistency of process 2. Joint Commissioning Teams helps engagement with stakeholders 3. Patient reps at Locality Meetings 4. Patient & Public Involvement Representative attends HVCCG Board and Lay Board Member with Lead for Patient Engagement in place. 5. Pubic Board meetings 6. Communications and Engagement Strategy in place 7. Engagement with key public groups and monitoring at Public Participation & Involvement Committee. (Chaired by Lay Member) 8. Monitoring at Commissioning Executive and HVCCG Board 9. Your Care Your Future 10.Your Care Your Future Clinical Engagement Subgroup 11. Planned and Primary Care Network chaired by Health Watch meets bi- monthly 12. Local Medical Committee, Local Pharmaceutical Committee and West Herts Clinical Engagement Group feeds into HVCCG Programme Board 13. Service redesign/ transformation groups have relevant patient and other stakeholder representatives who are involved in the redesigning of services 14. All business cases are presented to highlight time and resource required in order to ensure objectives of transforming services are delivered 15. Relaunched Equality and Quality Impact Assessment.	**POSITIVE ASSURANCE** ***(Internal Sources)*** 1. Public Participation Strategy approved by Commissioning Executive and HVCCG Board (+) Each Public Participation & Involvement Committee receives a report on progress against the Implementation Plan (+) 2, 3. Progress reports to Public Participation & Involvement Committee and HVCCG Board (+) 4. Communities & Engagement Report to HVCCG Board (+) 5. Part 1 Board Meeting open to public with papers online (+) 6. Updates on stakeholder and public participation provided to Public Participation & Involvement Committee and HVCCG Board (+) 7. Public Participation & Involvement Committee reporting to HVCCG Board (+) 8. Commissioning Executive and Board fully assured that transformation of services has taken into account a fair representation of stakeholders (+) 9, 10 Clinical Engagement Subgroup and Your Care Your Future feeds into the Commissioning Executive Meeting and each HVCCG Board Meeting 11. Planned and Primary Care Network agendas set by Health watch and HVCCG jointly. The Network reports to the Planned and Primary Care Programme which reports to the Commissioning Executive. (+) 12. Programme Board has extended attendance invitation to all main providers for Part 2 Programme Board (+) 13. All stakeholders involved in redesigning of services from development to procurement. E.g. enhanced respiratory services, and ongoing engagement with public and stakeholders on Gynae and Cardiology. (+) ***(External Sources)*** 1. 1, 2. 2014/15 NHS England Stakeholder Survey (+) **NEGATIVE ASSURANCE** None.	4	2	**8**	1. Enhanced monitoring and reporting mechanisms being developed.	1.1 KPIs require further development and to be reported to the Board. Currently some KPIs reported to Commissioning Exec monthly. 1.2 Engagement of commissioners and providers with patient feedback and complaints data so that it informs service redesign/ transformation work 1.3 Analysis of Joint Committee trends data to illuminate gaps in Primary Care 1.4 Business case template under review to ensure time and resource implications are included to make a successful application.	1. Review appropriate engagement KPIs. Expected February 2016. 2 Use of complaints data to inform service redesign/ transformation work. November 2015. 3. Analysis of Joint Committee for Primary Care Commissioning trends. Expected January 2016. 4.Completion of business case templates currently being reviewed. Expected November 2015.	The challenge is in relation to implementation of the Public Participation Strategy plan, this will be regularly reviewed and monitored and public engagement work is ongoing	1. Feb 2016 2. Nov 2015 3. Jan 2016 4. Nov 2015	**October 2015** An agreed Public Participation Strategy and supporting Implementation Plan is in place and is being addressed at every PPI meeting. Your Care Your Future has a very active workstream on taking forward participation as part of the strategic review. Plans are being developed to further embed and strengthen this.	↑ RISK IMPROVING	**4**
BAF 1.2	01.04.15	**Risk** Risk that member practices do not see the potential positive impact of their engagement with HVCCG **Cause** - Failure to effectively communicate - Pressures in general practice - Unclear approach and absence of strategy **Consequences** - Poor quality care for patients - Poor patient experience - Poor patient outcomes - Failure to deliver key programmes of work - Failure of to transform services - Loss of reputation for HVCCG	SO1/04 SO1/24 SO1/25 SO1/26	Director of Strategy, Planning & Delivery	Associate Director of Localities	4	5	**20**	1. Clinical Strategy has been developed with significant engagement through programmes of care and enablers. 2. Member Practice Engagement Strategy and Communications & Engagement Strategies in place. 3. GP Forums, weekly bulletins, GP intranet and Practice Managers Forum all facilitates two-way discussion on how to approach matters objectively. 4. Locality Board structure and management arrangements in place to increase engagement. Monthly locality briefings capture highlights from meetings. 5. HVCCG Accountable Officer and Chair attend Health Scrutiny Meetings and Health Wellbeing Boards. 6. Bi-monthly Training, Education, Research and Learning Group in place chaired by HVCCG Chair. 7. Joint commissioning of primary medical services with NHS England. 8. Annual practice visits to engage member practices and enhance quality of Primary Care led by Executives, Locality Officers and Locality Clinical Leads. 9. Investment of £1.5m over three years to increase capacity. 10. Stakeholder engagement activity reported separately through the Accountable Officer report to the Board on a monthly basis. 11. Quality Alert System. 12. Weekly GP bulletin. 13. Monthly locality briefing.	**POSITIVE ASSURANCE** ***(Internal Sources)*** 3. Practice Manager Forum introduced following engagement with GPs (+). Six monthly feedback from GP was positive (+) 4. Monthly Locality Board Meeting reported for information to HVCCG Board. Locality Chairs also members of the Commissioning Executive (+) 5. Reports to the Commissioning Executive and HVCCG Board from Health Scrutiny Meetings and Health Wellbeing Boards (+) 6. Practice Nurse and GP Education Programme secured funding through the Health Education Programme-2015/16 (+) 7. All clinical programmes led by a clinician who has extensive clinical engagement and a representative from all localities. This strengthens the synergy with the CCG Clinical Strategy (+) 8. Practice visit from May 2015 gave indepth insight into the 'real' pressures in primary care. This led to action on how HVCCG can support member practices during CQC visits through the sharing of best practice to raise standards (+) 9. Evaluation of year one has shown positive outcomes (+) 10. HVCCG Board strategic reports including reporting from CLOs (+) ***(External Sources)*** 1, 2. Annual NHS England 360° Stakeholder Survey (+) **NEGATIVE ASSURANCE** None.	4	2	**8**	8. Scope, purpose and benefits realisation on joint practice visits with NHS England. 11. Quality Alert System rolled out but not 100% awareness.	1,2 Evaluation of Member practices commissioning agreement 2. Member Practice Engagement Strategy and Communications & Engagement Strategies under review. 8. Benefits realisation regarding scope, purpose and benefits on joint practice visits	1. Scope, purpose and benefits realisation paper. Expected November 2015 2. Member Practice Engagement Strategy and Communications & Engagement Strategies being reviewed. Expected February 2016. 3. Evaluation of Member Practices Commissioning Agreement. Expected March 2016. 4. Review of GP bulletin.	Scope already reviewed for evaluation report with NHS England on primary care quality visits during 2014/15. Plan to be developed by November 2015 for 2016/17.	1. Nov 2015 2. Feb 2016 3. Mar 2016 4. Jan 2016	**October 2015** Annual CCG 360° Stakeholder Survey results for 2014/15 are positive and show improvement on last year.	↑ RISK IMPROVING	**4**

STRATEGIC OBJECTIVE 2

We will commission safe, high quality services that meet the needs of the population, reducing health inequalities and supporting local people to avoid ill health and stay well

Risk ID	Date Opened	Risk Description	Corporate Risk Register Links	Risk Owner	Risk Lead	Inherent Impact	Inherent Likelihood	Inherent Risk Level	Controls in place to manage risk	Assurance	Current Impact	Current Likelihood	Current Risk Level	Gaps in Control *(where controls are not working or further control required)*	Gaps in Assurance *(where assurance has not been gained)*	Action Plan Description and Due Date	Progress against Action Plan	Action Completion Date	Assurance Risk is being Managed	Risk Movement since last review	Target Risk Level
BAF 2.1	01.04.15	**Risk** Risk that we do not deliver on all NHS Constitutional pledges, key national targets and priorities **Cause** - Availability of funding - Limited workforce capacity and capability - Competing priorities in the West Herts health and social care economy **Consequences** - Unsafe or poor quality care for patients - Poor patient experience - Poor patient outcomes - Enforcement Action/ Notice imposed by regulators - Loss of reputation for HVCCG and providers	SO2/01 SO2/10 SO2/15 SO2/17 SO2/23 SO2/25 SO2/28	Director of Contracting & Resilience	Assistant Director - Urgent Care	4	4	16	1. Robust monthly performance reporting. 2. Contracts and Quality Meetings. Regular monthly challenges form part of the contracting process. Contract Managers have clarity on information required for monitoring purposes. Recovery Plans are also monitored at Contract and Quality Meetings 3. Monitoring by the RTT Programme Board and HVCCG Quality & Performance Committee 4. Financial policies, data sharing and data access policies in place. 5. Integrated Plan. (HCC and partnership CCGs) 6. System Resilience Group monitoring Urgent and Planned Care dashboard. 7. Fortnightly performance meetings with TDA and NHSE. 8. Collaborative work on workforce planning reporting to SRG: both short-term fixes and longer-term plans are being worked up. 9. CQC Improvement Plan for West Herts Hospital Trust.	**POSITIVE ASSURANCE** ***(Internal Sources)*** 1. Performance dashboard and reports to Quality & Performance Committee and HVCCG Board (+) Also weekly performance teleconferences between West Herts Trust, TDA and NHS England (+) 2. Monthly face to face contract meetings (+) 3.Audit activity and assurance demonstrates that the system is working (+) 4. Internal Audit Plan monitoring and review as part of the internal audit cycle(+) 5. Performance Management of Providers Audit January 2015 (+) 6. Reports to, and monitoring from the Quality & Performance Committee (+) ***(External Sources)*** 1. System Resilience Group and System Resilience Plan (+) 2. Monitoring of progress against CQC Improvement Plan through oversight committee, led by TDA, with WHHT, CQC, CCG and the Deanery (+) **NEGATIVE ASSURANCE** 1. Deteriorating workforce vacancy rate (-)	4	3	12	1. Agreed recovery trajectories not met for A&E. 2. Formal sign off of Improvement Plan by regulator expected November 2015.	1. Downward pressure on Trust finances could impact Trust performance	1. Target of 90% by March 2015 set for A&E recovery trajectories. (Timescale for 95% not yet agreed) 2. Monitoring trajectories for 18 week RTT, cancer, diagnostics and ambulance handover time. 3. Sign off Improvement plan at SRG 19th November 2015.	2. West Herts Trust remains on target to trajectory as is Royal Free Hospital Trust.	1. Mar 2016 2. Ongoing up to Mar 2016. 3. Nov 2015.	**October 2015** Revised trajectory for A&E submitted to the System Resilience Group in October. Other trajectories are being maintained and monitored. As per the controls, increased activity during winter remains. To be seen how robust this and staffing is. Improvement plan to SRG for sign off on 19th November 2015.	↑ RISK IMPROVING	8
BAF 2.2	01.04.15	**Risk** Risk that we are unable to ensure high quality, safe and sustainable services for the population and patients of West Herts **Cause** - Poor systems for monitoring and escalating provider quality issues - Responsiveness of HCVVG - Ambiguity over quality assurances required from partners - Poor quality of assurances from providers commissioned directly and indirectly - Availability of funding - Limited workforce capacity and capability **Consequences** - Unsafe or poor quality care for patients - Poor patient experience - Enforcement Action/ Notice imposed by regulators - Loss of reputation for HVCCG and providers - Quality issues may not be identified early enough leading to deterioration in standards of patient care	SO2/17 SO4/22 SO4/23	Director of Nursing & Quality	Deputy Director of Nursing & Quality	4	5	20	**Following West Herts Hospital Trust's CQC serious concerns report:** 1. TDA led multi-partnership Oversight Group established to gain assurance that the CQC improvement action plan is robust and that appropriate actions are in place to deliver agreed outcomes and demonstrate improvement. (Chaired by the TDA Portfolio Director and attended by HVCCG Accountable Officer and Acting Director of Nursing & Quality. Membership also includes NHSE, Healthwatch, Health Education England and the GMC/ LMC.) 2. TDA Improvement Director in place at WHHT to provide support,, clear direction and to ensure adequate progress is made in line with CQC recommendations. 3. Monitoring of quality and safety of services through the monthly integrated Quality and Contract Review meetings chaired by the Director of Nursing & Quality 4. CQUINS in place 5. The CCG Infection Control Nurse attends the West Herts Infection Control Committee and West Herts link to the Herts Health Economy Infection Control Group 6. Programme of quality/assurance visits agreed and planned for 15/16 7. HVCCG Deputy Director Nursing & Quality working with WHHT two days per week to implement recommendations from the review of SI governance. 8. Monitoring of Serious Incidents and Never Events to horizon scan by identifying trends and themes across providers. Close liaison with providers through the Integrated Quality Lead for JCT 9. Review of governance structure at WHHT and recruitment to the majority of new governance posts including Serious Incident management. 10. New Associate Medical Director in post at WHHT leading on Maternity 11. CQC Improvement Plan for West Herts Hospital Trust. **Following Hertfordshire NHS Community Trust's CQC requires improvement report:** 12. CQC action plan in place	**POSITIVE ASSURANCE** ***(Internal Sources)*** 1, 2, 7, 11. Monthly report to the Quality & Performance Committee by the Acting Director of Nursing. (+) 3. Recent SSNAP data (Sentinel Stroke National Audit Programme) show significant qualitative improvement. (+) **3,5. Performance report on national and local KPI's to Executive Team, Quality & Performance Committee and HVCCG Board (quarterly). Exception reports to the bi-monthly Local Area Team Quality surveillance group (bi-monthly).** (+) 5. Infection control action plan in place monitored by Infection Control Committee attended by CCG (monthly). Infection control cases monitored against national KPI (monthly).(+) 12. HSMR at WHHT has fallen from 120 to 63 (below national average). A review of this published data has begun by the TDA (+) ***(External Sources)*** 1. Monitoring of progress against CQC Improvement Plan through oversight committee, led by TDA, with WHHT, CQC, CCG and the Deanery (+) 8. Serious incident overdue backlog reduced in July 2015 from 45 to 7 in September (+) **NEGATIVE ASSURANCE** ***(Internal Sources)*** 3. Safer Discharge performance is red for Q1. (-) ***(External Sources)*** 3. Deteriorating workforce vacancy rate. (-) 7. Training figures for safeguarding indicate negative assurance. (-) 8,9. Five Never Events in the past 12 months. (-)	4	4	16	8,9. Incomplete staffing levels at WHHT across nursing and the core clinical governance team. 11. Formal sign off of Improvement Plan from regulators awaited October 2015.	6. Programme of quality/ assurance visits to be implemented. 8,9. Key posts to be recruited to at WHHT and embedding of the governance structure.	6,7. Key posts in governance team recruited to at WHHT by October 2015. WHHT are working with the CCG closely in sharing information on open Serious Incidents. Date TBC regarding the completion of all open SI investigations. 11, 12 Monitoring of the WHHT and HCT CQC improvement plans from October 2015.	WHHT CQC Improvement Plan monitored at TDA oversight committee. Monthly reports to Q&P on progress from October 2015. HCT CQC Plan monitored monthly at CQRM.	1. Ongoing weekly milestone monitoring. 2. Date TBC regarding SI backlog closure. 11. Implementation of actions to address CQC Warning Notice by 30th September	**October 2015** The first meeting of the monthly multi-agency scrutiny group was held on 17th September which included representation from NHSE, Healthwatch, Health Education England, the GMC and HVCCG. WHHT are updating the CQC improvement plan (developed following verbal feedback from the CQC) to ensure it reflects all of the areas of concern identified. The allocation of a TDA Improvement Director will also provide support and clear direction to help prioritise the improvement needed and ensure adequate progress is made in line with CQC recommendations. There are however, positive assurances that the Trust is maintaining safe services with positive outcomes. Mortality rates are lower than the national average and improvement has been made in targets around A&E, Cancer and diagnostics. Next meeting of TDA oversight 22nd October 2015.	→ NO MOVEMENT	8
BAF 2.3	01.04.15	**Risk** Risk of poor health outcomes for our population, especially in areas of deprivation **Cause** - Lack of focused investment on strategies for prevention, early intervention and diagnosis - Limited workforce capacity and capability for implementation **Consequences** - Poor health outcomes - Poor patient experience - Failure to address and reduce local health inequalities in areas of deprivation - Loss of reputation for HVCCG and providers	SO2/09 - SO2/28	Director of Strategy, Planning & Delivery	Associate Director - Planned and Primary Care	4	4	16	1. Clinical Strategy focuses on prevention identifying groups at risk and approaches for increased intervention 2. Your Care Your Future Strategy and programme in place 3. All localities have a Local Commissioning Plan which highlights gaps in inequality 4. Business Case Prioritisation Framework has the management of prevention as one of the key criteria	**POSITIVE ASSURANCE** **(Internal Sources)** 1. Clinical Strategy monitored by the clinical programmes and reported quarterly to the Clinical Executive. Clinical Executive reports to the HVCCG Board. (+) 2. Prevention is a key feature of the Case for Change in Your Care Your Future Strategy. (+) 3. Local Commissioning Plan updates and progress reported to HVCCG Board. (+) 4. Prevention is one of the priorities in the Business Case Prioritisation framework. (+) ***(External Sources)*** 2. Partnership working. (+) **NEGATIVE ASSURANCE** ***(External Sources)*** 2,4. In year cut to Public Health Budget. (-) 1,2,3,4. Increase in number of deprived wards in the CCG area. (-)	4	3	12	1. Assessment of particular patient groups and pathways. 1,2. Implementation across local health and social economy. 1,4. HCC Prevention Strategy to be re-written (Jim McManus and Avni Shah) 1,4. Primary Care Strategy to be developed with focus on prevention and self care. 1,4. Robust evidence to support telehealth/ telecare in its role in prevention and early intervention. 2. Awaiting the strategic outline business case for YCYF.	1,4 Establishment of the Prevention Task and Finish Group lead by Avni Shah which will report to the HVCCG Board	1.1 Implementation of identified areas such as diabetes and end to end pathways with a focus on prevention *by end Mar 2016.* 1.2 Implementation of long term conditions Primary Care Plus specification. *Completed.* 1.3 Finalisation of HCC Prevention Strategy. *Expected November 2015* 1.4 Primary Care Strategy to be developed. Draft expected November 2015. Final Board approval February 2016 following consultation Dec-Jan. 1.5 Identification of a proposed area to test telehealth. *Identification of area expected November 2015. Funding still to be identified. Business case approval expected by February 2016.* 1.6 Outcome of the strategic outline. *Expected October 2015*	On track.	1.1 Mar 16 1.2 Aug 2015 1.3 Nov 2015. 1.4 Feb 2016 1.5 Feb 2016 1.6 Oct 2015 1.7 Sep 2015	**October 2015** As per the controls which support the focus on prevention. Further work is still needed around priority investment.	→ NO MOVEMENT	8

Work with health and social care partners to transform the delivery of care through the implementation of "Your Care, Your Future", the strategic review in West Hertfordshire

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BAF 3.1	01.04.15	**Risk** Lack of resource and commitment from national bodies and key stakeholders to successfully transform the delivery of care in West Hertfordshire **Cause** - Failure to make a compelling case for transformation - Failure to communicate effectively with national bodies, key stakeholders and patients - Limited workforce capacity and capability - Requirement for an Estates Strategy **Consequences** - Poor health outcomes - Poor patient experience - An unsustainable and unaffordable health and social care system - Loss of reputation for HVCCG and stakeholder	SO3/02 SO3/03 SO3/05 SO3/08	Director of Strategy, Planning & Delivery	Assistant Director - Planning & Transformation	5	4	20	1. Your Care Your Future Strategy outlines business case and sets direction of travel for Your Care Your Future. 2. CCG is developing a draft Estates Strategy together with the Estates Group which reports to the Commissioning Executive and Board.	**POSITIVE ASSURANCE** **(Internal Sources)** 1. Funds for transformation are enhancing primary and community services (+) **2. Increased engagement and partnership from all partners across the health and social care health economy (+)** 3. The development of an Estates Strategy (+) **(External Sources)** None. **NEGATIVE ASSURANCE** **None.**	4	3	12	1. Current workforce capacity and capability to deliver required change. *2. IT Strategy approved in principle at Commissioning Exec on 2nd July, subject to a full service specification being submitted to a future meeting.* 3. To have an experienced workforce with the capacity and capability to deliver Your Care Your Future 4. Strategic outline to agreed and implemented.	1. Your Care Your Future robust economic evaluation of benefits to be completed. Expected October 2015. 3. Estates Strategy not completed until December 2015.	1. Work across partners and establish how resources can be shared and developed effectively. Strategic outline business case to be made by October 2015 with implementation starting from April 2016. 2. IM&T Strategy specification to be presented to Commissioning Exec. 3. Estates Strategy.	On track.	1. Oct 2015 2. Oct 2015 3. Dec 2015	**October 2015** Strategic Outline Business Case to be agreed this month, implementation to follow.	➡ **NO MOVEMENT**	**8**
BAF 3.2	01.04.15	**Risk** Failure to implement successfully the Strategic Review across the local health and social economy due to workforce issues. **Cause** - Unclear approach and absence of strategy - Limited workforce capacity and capability - Workforce culture not congruent with required changes - Poor communication with health and social care partners **Consequences** - Unsafe or poor quality care for patients - Delivery of high quality care in West Herts - Loss of reputation for HVCCG and stakeholder	SO3/02 SO3/03 SO3/05 SO3/ 08	Director of Strategy, Planning & Delivery	Director of Workforce	4	4	16	1. CCG investment to increase primary care investment across all localities. 2. Monitoring through the Beds & Herts Workforce Group to identify potential gaps and needs within the health and social care 3. Two schemes to support recruitment and retention of practice nurses and GP's in place 4. Re-launched Equality and Quality Impact Assessment. 5. Established a Strategic Workforce Partnership Group (SWPG). 6. Workforce Resilience Group (WRG) across Hertfordshire to review retention of staff and reduction in agency spend.	**POSITIVE ASSURANCE** **(Internal Sources)** 1. £1.5m investment agreed over the three year period 2014/17. (+). System Resilience Group reporting (+) 2. Each locality has developed business cases on how to increase capacity in general practice. (+) 3. Education Group (TERL) reports (training, capacity and skills) go through to the HVCCG Governing Body led by Chairman (+) 4. Bi-annual CCG / Member practice meetings – feedback issues and concerns (+) **(External Sources)** 2. NHS England reporting- data and information (+) 4. National contract in place and NHSE provide feedback (+) 5. Reports to CEO Forum across Hertfordshire and Bedfordshire (+) 6. Reports to CEO Forum across Hertfordshire and Bedfordshire (+) ***(External Sources)*** 3. National Primary Care workforce data highlights gaps amongst nurses and GPs (-)	4	3	12	1. HVCCG currently only co-commissions primary care medical services. 2. Clarity over the correct skills mix to deliver the correct model of care 4. EQIA training in November 2015.	2. Transition to delegated commissioning 3. Awaiting impact of the schemes to support recruitment	1. Transition to co-commissioning on 1st April 2016. 2. Review of gap analysis to be completed by April 2016. 3. Implementation of £1.5M investment into Primary Care during 2014/17. 4. Ongoing support for GP practices to expand primary care capacity	On track.	1. April 2016 2. April 2016 3. March 2017	**October 2015** Initial focus has been on Primary Care, however work is in progress under the strategic review for an effective plan to be in place by end of March 2016.	➡ **NO MOVEMENT**	**8**

STRATEGIC OBJECTIVE 4

We will ensure that there is a financially sustainable and affordable healthcare system in West Hertfordshire

Risk ID	Date Opened	Risk Description	Corporate Risk Register Links	Risk Owner	Risk Lead	Inherent Impact	Inherent Likelihood	Inherent Risk Level	Controls in place to manage risk	Assurance	Current Impact	Current Likelihood	Current Risk Level	Gaps in Control *(where controls are not working or further control required)*	Gaps in Assurance *(where assurance has not been gained)*	Action Plan Description and Due Date	Progress against Action Plan	Action Completion Date	Assurance Risk is being Managed	Risk Movement since last review	Target Risk Level
BAF 4.1	01.04.15	**Risk** Failure to deliver the QIPP programme **Cause** - Lack of engagement, prioritisation, ineffective schemes and difficulty in finding genuine and quantifiable savings **Consequences** - Non delivery of 2015/16 Financial Plan - Significant financial pressures on HVCCG - Availability of resources to support transformation - Loss of reputation for HVCCG	SO4/03	Chief Finance Officer	Assistant Director of Transformation and Planning	4	5	20	1. Clinical and Programme Leads are in place to ensure that schemes are monitored with BI Data 2. QIPP Lead in place 3. Monthly reporting of both activity and financial cost to identify areas of further concern 4. Monitored by the Quality & Performance Committee 5. Internal and external QIPP meetings 6. Monthly financial reporting on QIPP to NHS England. 7. Project Monitoring Team 8. Monthly meetings between Accountable Officer and QIPP Programme Clinical Leads 9. Risk Mitigation Plan	**POSITIVE ASSURANCE** **(Internal Sources)** 1. Monthly feedback to Executive Board and Quality & Performance Committee regarding provider performance 2. Monthly progress reporting on projects including QIPP to Quality & Performance Committee 3. Annual Internal Audit review 4. Monthly QIPP report showing the status of all schemes is in place ***(External Sources)*** 1. Monthly NHS England assessment of CCG QIPP **NEGATIVE ASSURANCE** None.	4	4	16	1. Poor selection of QIPP schemes resulting in lack of ownership and delivery 2. Lack of evidential data for initialisation of projects and therefore evaluation has been poor 9. Risk Mitigation Plan in production - for submission to NHSE week commencing 19/10/15	1. Difficulty of measuring financial impact of some QIPP schemes where only proxy measures of success are available	1. The implementation of a formalised programme of projects to achieve targeted savings has been introduced. Part of this formal approach is the compliance of written business cases with supporting evidence 2. GP performance data packs have been introduced so any areas of concern can be highlighted and support given in primary care.	There are improvement plans for governance, planning and risk management in place for 15/16.	1. December 2015 2. Monthly from September 2015	**September 2015** Scale of savings rises in second half of the year and delivery assurance has been challenged. To date 75% to 85% of QIPP has been delivered. Mitigations are in place to improve delivery around individual schemes including *Transactional Mental Health Service, Continuing Care, Outpatients, A&E attendances, LTHC, Primary Care Medicines Management and the Enhanced Respiratory Contract. P* reviously unidentified QIPP have also been identified. **October 2015** Increased emphasis on QIPP scheme delivery as part of Risk Mitigation Plan.	➡	8
BAF 4.2	01.04.15	**Risk** Failure to achieve financial balance for 2015/16 **Cause** - Acute activity levels and/or financial values of activity above those detailed in the 2015/16 financial plan **Consequences** - Non delivery of 2015/16 Financial Plan - Significant financial pressures on HVCCG - Availability of resources to support transformation - Loss of reputation for HVCCG	SO4/22 SO4/23 SO4/27	Chief Finance Officer	Deputy Director Contracting & Procurement	4	4	16	1. NHS Standard Contracts for 2015/16 2. Activity and Finance schedules 3. CCG Financial Plan 2015/16 4. Monitored by the Quality & Performance Committee 5. Internal monthly meetings between Accountable Officer and Contract Leads 6. External monitoring meetings and activity reports 7. Strategic review underway to provide longer term solutions. 8. Risk Mitigation Plan.	**Internal Assurance** 1. Meeting monitoring activity and financial performance (Monthly) 2. Reports to Quality & Performance Committee (Monthly) 2. Internal audit review (Annual) 3. Internal audit of commissioning plans (Annual) 4. Contract performance report regularly to Executive Team (Monthly) **External Assurance** 1. NHS England routine monitoring of financial position (Monthly) 2. Reports of provider Trusts to their own Boards (WHHT - monthly. Others are a mixture of monthly, bi-monthly and quarterly)	4	4	16	1. Robust monitoring systems not fully established with all providers. 8. Risk Mitigation Plan in production - for submission to NHSE week commencing 19/10/15	1. Lack of reliable activity data, this relates principally to RTT data. 2. Non-acceptance by providers of CCG challenges and risk of arbitration process to reach a decision.	1 Increased focus of internal and external monitoring meetings 2 Provision of activity reports to localities and practices 3 System resilience actions 4 Strategic Review underway to provide longer term solutions	Monitored monthly by provider and CCG Contracts Team	1. Monthly from July 2015. 2. Monthly from September 2015. 3. Twice a month from May 2015. 4. December 2015.	**September 2015** Months 4 and 5 have seen deficits compared to the Breakeven Plan. This position will not be recovered in month 6. Set of mitigations developed by HVCCG supplied to NHS England by 7th October 2015. **October 2015** Further deterioration in acute contracts in Month 6 and reliance on Risk Mitigation Plan to secure break-even outturn.	**NO MOVEMENT**	6

Herts Valleys Clinical Commissioning Group
Strategic Objectives 2015/18
1 We will continually improve engagements with member practices, patients, the public and carers to contribute to and influence the work of Herts Valleys CCG
2 We will commission safe, high quality services that meet the needs of the population, reducing health inequalities and supporting local people to avoid ill health and stay well
3 Work with health and social care partners to transform the delivery of care through the implementation of “Your Care, Your Future”, the Strategic Review in West Hertfordshire
4 We will ensure that there is a financially sustainable and affordable healthcare system in West Hertfordshire
To be reviewed annually