

**MEETING:** Governing Body – Open Meeting

**Item Number: 9.7**

**DATE:** 25 February 2014

<b>REPORT TITLE:</b>	<b>Governing Body Assurance Framework (GBAF)</b>
<b>REPORT AUTHOR:</b>	<b>Tim Collins, Assistant Director - Governance</b>
<b>PRESENTED BY:</b>	<b>Julie Southworth, Director of Quality &amp; Safety</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>Approve the Quarter 3, 2013/14 GBAF (attached)</b>
<p><b>EXECUTIVE SUMMARY:</b> The CCG is required to have a GBAF. It is referred to in our published Risk Management Strategy &amp; Policy and the attached presentation follows the Department of Health template. This document together with the Corporate Dashboard are the two primary tools to be used by the Governing Body to measure and monitor our performance. We have drawn on the content of NHS England’s CCG Assurance Framework 2013/14 to populate the GBAF as we are assessed on our delivery against its framework through a series of quarterly checkpoints.</p> <p>The attached iteration of the GBAF is effective as at the end of Quarter 3 and is submitted following agreement with Associate Directors and Executives. The Corporate Governance Committee should focus on the risks, controls and action plans with the Audit Committee concentrating on assurances and any gaps in assurance that may exist. The Governing Body is asked to review the document, consider and highlight any desired changes that may reflect more accurately the CCG’s progress against achievement of corporate objectives.</p> <p>There are 8 risks rated extreme compared to the 8 reported at the end of Quarter 2. The previous extreme risk relating to the requirement for access to personal confidential data to verify QIPP savings has been reduced to a high risk as the QIPP savings programme is forecast to fully achieve. However the risk previously rated as high relating to community services contract performance concerns is now rated as extreme. These are summarised on page 7.</p> <p>The GBAF should be considered as a ‘live’ document as the information contained within it will change as risks are managed and assurances are received. It will be a key component supporting the process that will enable the CCG to produce its Annual Governance Statement at the end of the financial year.</p>	
<b>FURTHER ACTION REQUIRED:</b>	<b>Ongoing review by Committees and Governing Body</b>

**GOVERNING BODY**  
**ASSURANCE FRAMEWORK**

**QUARTER 3, 2013/14**

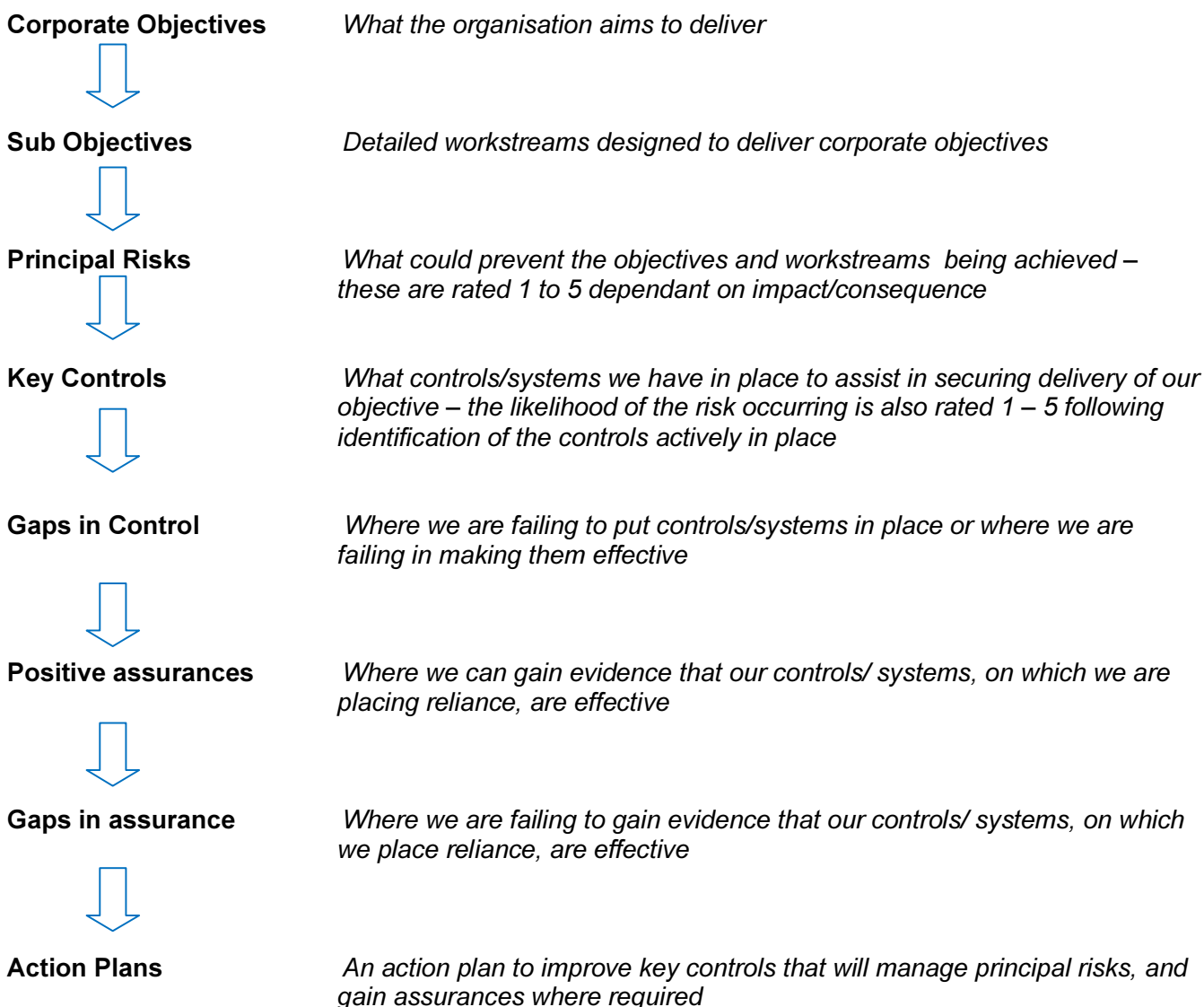
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## Background

The CCG's Risk Management Strategy & Policy includes the following section:

The GBAF is a means of identifying and quantifying strategic risks within the organisation and is the means by which the Governing Body monitors and controls the risks which may impact on the organisation's capacity to achieve its objectives. The GBAF identifies the corporate objectives of the organisation and the principal risks related to the delivery of these objectives. Key controls are made explicit together with the assurances on these controls. In addition, the GBAF will identify linkages with inter-related areas of assurance. It also provides a structure for the evidence to support the Annual Governance Statement.



## Risk Assessment Matrix

The following principles should be applied when rating individual risks:

### First Stage: Qualitative Measures of Risk (The Consequence or Impact)

LEVEL	CONSEQUENCE	EXAMPLES OF DESCRIPTORS (please refer to local policy)	Applicable/ Non-applicable
1	Almost None	<ul style="list-style-type: none"> <li>▪ No injuries (No treatment/intervention required/given, no time off work)</li> <li>▪ Patient Safety Incident resulting in 'no harm' (including near miss event)</li> <li>▪ Insignificant impact upon service provision (Loss/interruption not exceeding 1 hour)</li> <li>▪ None or minimal financial loss/cost</li> </ul>	
2	Minor	<ul style="list-style-type: none"> <li>▪ Minor injury or illness (First aid treatment, time off work not exceeding 3 days)</li> <li>▪ Patient Safety Incident resulting in 'low harm' (as defined by the NPSA)</li> <li>▪ Minor impact upon service provision (Loss/interruption not exceeding 8 hours)</li> <li>▪ Low financial loss/cost</li> </ul>	
3	Moderate	<ul style="list-style-type: none"> <li>▪ Moderate Injury (Medical attention required, time of work 4 -14 days, RIDDOR)</li> <li>▪ Patient Safety Incident resulting in 'moderate harm' (as defined by the NPSA)</li> <li>▪ Small patient numbers affected</li> <li>▪ Moderate impact on service provision (Loss/interruption not exceeding 24 hours)</li> <li>▪ Moderate financial loss/cost</li> </ul>	
4	Major	<ul style="list-style-type: none"> <li>▪ Major injuries/long term incapacity/disability (Time off work in excess of 14 days)</li> <li>▪ Patient Safety Incident resulting in 'serious harm' (as defined by the NPSA)</li> <li>▪ Major impact upon service provision (Cancellation of service or loss/interruption not exceeding 1 week)</li> <li>▪ Major financial loss/cost</li> </ul>	
5	Catastrophic	<ul style="list-style-type: none"> <li>▪ Death/permanent injuries/irreversible health effects</li> <li>▪ Patient Safety Incident resulting in death or major permanent incapacity</li> <li>▪ Large numbers of patients affected</li> <li>▪ Catastrophic impact upon service provision (loss/interruption exceeding 1 week/ or/permanent loss of a service or facility)</li> <li>▪ Huge financial loss/cost</li> </ul>	

### Second Stage: Qualitative Measures of Risk (The Likelihood of Occurrence)

LEVEL	LIKELIHOOD	EXAMPLES OF DESCRIPTORS (please refer to local policy)	Applicable/ Non-applicable
1	Rare	This will probably never occur/recur - not expected to recur for years (Adequate level of control. E.g. effective policy, training, supervision etc. is in place)	
2	Unlikely	Not expected to happen/recur - not expected to occur more than annually Defined safe systems of work, occasional exposure etc.	
3	Possible	Might happen or recur - expected to occur at least monthly Poor supervision, non-secure controls etc.	
4	Likely	Will probably happen/recur - expected to occur at least weekly Poor training, lack of supervision or ineffective controls etc.	
5	Almost Certain	Will undoubtedly happen/recur, - expected to occur at least daily No control measures, constant exposure etc.	

### Third Stage: Qualitative Measures of Risk & Action Required (Risk Analysis & Rating)

CONSEQUENCES	LIKELIHOOD OF A REPEAT				
	Rare (1)	Unlikely (2)	Possible (3)	□□□□Likely (4)	Almost Certain (5)
Almost None (1)	1	2	3	4	5
Minor (2)	2	4	6	8	10
Moderate (3)	3	6	9	12	15
Major (4)	4	8	12	16	20
Catastrophic (5)	5	10	15	20	25

<b>EXTREME RISK</b>	<b>15 – 25</b>	<b>Immediate Action Required by Director – Reportable to the Governing Body</b>
<b>HIGH RISK</b>	<b>8 - 12</b>	<b>Attention Needed By Senior Management – Reportable to Governing Body Committee</b>
<b>MEDIUM RISK</b>	<b>4 - 6</b>	<b>Management by Line or Service Manager</b>
<b>LOW RISK</b>	<b>1 - 3</b>	<b>Manage By Routine Policies/Procedures/Processes/Systems</b>

Updated July 2012 (Adapted from: AS/NZS 4360 1999 Risk Management - Revised Ed. 2004) and the Risk Matrix for Risk Managers NPSA 2008.

## Example Controls and Assurances

The following example controls and assurances are considered when populating the CCG's GBAF, however the list is not exhaustive:

Example Controls	Example Assurances
Directorate resources Directorate responsibility for Quality Established Strategy (2013-16)  Quality review process across the organisation  Quality Project Owners assigned IM&T controls Management checks Training Policies/Strategies/Procedures Contracts Contract performance management Risk assessment Capacity/capability controls Financial controls eg budgets,  Commissioning for Quality & Innovation Payment (CQINs)  Organisational controls CCG Constitution	Committee reports Dashboard to Governing Body Compliments/Incidents/Complaints/Claims Audit reports Management reports Regulator reports Ombudsman reports Professional Body Visits/Reports NHS England/LAT reports Committee Reports NHS England (Patient Safety Unit) Health & Safety Executive audits Health Protection Agency reports Overview and Scrutiny Committee Health & Wellbeing Board output/reviews Patient/staff surveys Exit interviews with staff Coroner's reports NICE papers Provider CQC reports Whistleblowing Director of Public Health Report

## CORPORATE OBJECTIVES

CCG OBJECTIVES	NHS ENGLAND OBJECTIVES	PAGES
<b>1. Helping our population stay healthy and live longer in all areas of the Borough</b>	<b>1. Are health outcomes for local people improving?</b>	<b>8 - 16</b>
<b>2. Commissioning high quality services which reflect the requirements of the population delivering good clinical outcomes, good patient experience and value for money within available resources</b>	<b>2. Are local people getting good quality care?</b>	<b>17 – 22</b>
<b>3. Developing an effective commissioning organisation that puts the patient first</b>	<b>3. Are patients’ rights under the NHS Constitution being promoted?</b>	<b>23 – 27</b>
<b>4. Being an organisation that consistently delivers its statutory duties</b>	<b>4. Are CCGs commissioning services within their financial allocations?</b>	<b>28 – 33</b>

## Summary of Top 10 Risks

Exec Lead	Principal Risks	Rating at end of Q2	Direction of travel	Details
Mike Tate/ Kim Godsman	Backlog of patient case notes to review at WWL in respect of automated discharges could have negative impact on 52 week breaches and patient safety	20	→	Page 24
Mike Tate/ Kim Godsman	Acute Contracts - IG issues and late identification of over performance and CCGs inability to challenge outside of freeze reporting	16	→	Page 8
Mike Tate/ Kim Godsman	Scheduled Care – Trauma and orthopaedics performance not meeting the Referral to Treatment target by year end; Trust now (month 6) 50 cases behind trajectory	16	→	Page 10
Julie Southworth/ Sally Forshaw	Failure to identify gaps in systems and processes that support the management of HCAs across the health economy	16	→	Page 18
Trish Anderson/ Sue Elliot	External regulatory bodies will deem our safeguarding provision as inadequate	16	→	Page 19
Mike Tate/ Craig Hall	The ongoing failure nationally to resolve the PCD issue for commissioners has been highlighted in recent internal audit reports which have resulted in limited assurance; this could impact on final accounts process	16	→	Page 28
Mike Tate/ Kim Godsman	Non Acute – BCHT – Contract performance concerns	16	↑	Page 9
Trish Anderson/ John Marshall	The proposed 'Healthier Together' reconfiguration of hospital-based services across Greater Manchester (GM) may have an adverse effect on performance, quality and patient experience	15	→	Page 8
Mike Tate/ Kim Godsman	Urgent Care – WWLFT is stating that there is a capacity gap around community bed availability	12	→	Page 9
Mike Tate/ Kim Godsman	Backlog of oral surgery cases growing which may impact on health economy performance against 18 week referral to treatment target	12	→	Page 25



**Corporate Objective One:** Helping our population stay healthy and live longer in all areas of the Borough

**NHS England Objective:** Are health outcomes for local people improving?

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
<b>1.1 Helping people to recover from episodes of ill health or following injury</b>												
Trish Anderson/ John Mars hall	The proposed 'Healthier Together' reconfiguration of hospital-based services across Greater Manchester (GM) may have an adverse effect on performance, quality and patient experience	5	Establishment of GM Association Governing Group (AGG) Committee in Common (CIC)	3	Inadequate clear and credible proposals and options for reconfiguration	Healthier Together is subject to extensive ongoing discussion and review	Governance framework for operation of CIC;  Evidence to support suggested improvements in health outcomes	15	15	15		Engagement with and membership of AGG and CIC; Influence the direction of reconfiguration for the benefit of the Borough's population; CCG carrying out local work to determine local needs and hospital configuration
Mike Tate/ Kim Godsman	Acute Contracts – Information Governance issues and late identification of over performance and CCGs inability to challenge outside of freeze reporting	4	Performance management and contract management frameworks; key performance indicators (KPIs); financial adjustments/incentives; To date work with HSCIC has	4	Lack of access to personal confidential data (PCD)  Lack of transparency in data provided	Provider board reports; deep dive reviews; CCG audits using pseudonymised data	Potential lack of PCD	16	16	16		This is a national issue and being managed locally through GMCSU on a weekly basis. Further work is being undertaken with HSCIC and NHS England. The CCG is currently managing contract audits without PCD and so far, this has been manageable. There is ongoing work to

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
			allowed limited access to PCD which is pseudonymised but the underlying issues still remain in respect of commissioned services.									address this issue – the main contract with WWL has been settled for 13/14 but there remains a risk for 14/15.
Mike Tate/ Kim Godsmann	Non Acute – BCHT – Contract performance concerns	4	Performance management and contract management frameworks; key performance indicators (KPIs); financial adjustments/ incentives	3	Transparency in data and provider performance	Provider board reports; deep dive reviews; CCG audits;	Potential lack of patient identifiable data; Inaccurate data reported by Provider on Out-of-Hours performance	16	12	16		Discussions ongoing between executives of CCG and Provider on how to improve assurance around data impacting on healthcare quality; a letter requiring a response is to be submitted to BCHT
Mike Tate/ Kim Godsmann	Urgent Care – WWLFT is stating that there is a capacity gap around community bed availability	4	Contract monitoring process; financial adjustments/ incentives;  Emergency Care Operational Group (ECOG) and Urgent Care Board; Winter community bed strategy developed and commissioned. Extended provision included in Winter	3	Limited understanding on bed usage	Reports from Providers/ Secondary Use Service (SUS) data		12	12	12		An audit is in place to understand ongoing requirements to report by 6 March 2014.

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
			Plan presented to Governing Body in October.									
Mike Tate/ Kim Godsman	Scheduled Care – Trauma and orthopaedics performance not meeting the Referral to Treatment target by year end; Trust now (month 6) 50 cases behind trajectory.	4	Contract monitoring process; financial adjustments/ incentives	4	Provider performance;  Limited strategy that engages the use of the Independent Sector if performance drops	Reports from Providers/ SUS data;  External review of outpatients completed		12	16	16		Contractually agreed action plan has been applied for backlog clearance by April 2014. Weekly formal monitoring by the Trust has been initiated, that provide backlog clearance projections and actuals. Enhanced local penalties for non delivery have been added to the contract. Turnaround plan in place at WWL, CCG will involve IS if necessary.
Mike Tate/ Kim Godsman	Long Term conditions (LTC) – failure of health economy to achieve target savings	3	Contract monitoring process; financial adjustments/ incentives;  Inter agency LTC Programme  Partnership sign up  Root cause analysis (RCA) with penalties agreed for non delivery	3	Accessibility of PCD  Providers performance  Understanding and clarity of IG rules around data transfer in primary care	Reports from Providers/ Secondary Use Service data  Governance arrangement  Pseudonymised data inputted into RCA		9	9	9		The CCG implemented the following actions: 1) a service spec with a KPI penalty for non-delivery of Integrated Neighbourhood Teams (INT) with WWLFT and Bridgewater CHT; 2) a robust Root Cause Analysis tool and data collection to feed the tool has been added to the BCHT Commissioning for Quality & Innovation (CQuINs) payment; and 3) a defined split between INT and primary care

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												actions has been modeled based on the first two months' work. This will enable the same rigor to be applied to the primary care strategy for LTC as there has been for INT.
<b>1.2 Enhancing quality of life for people with long term conditions</b>												
Mike Tate/ Kim Gods man  Trish Anderson/ John Mars hall	If unplanned hospital admissions for patients with cardiovascular, respiratory, liver disease or cancer are not reduced more patients than expected will suffer reduced quality of life	3	Contract monitoring process; financial adjustments/ incentives; long term conditions (LTC) programme includes project monitoring of WWLFT/ Bridgewater  GP members are 'signed up' to LTC programme  Most GP practices are now signed up to risk stratification direct enhanced service  ECOG and Urgent	3	Access to PCD remains a problem  Providers performance	Reports from Providers/ SUS data;  Health & Social Care Information Centre (HSCIC) indicator set		9	9	9		Long term conditions programme is part of "Putting Patients First, NHS England's Business Plan for 2013-2016  The alcohol team is to continue its presence in the A&E department at the local provider. This service provides targeted case management to patients to reduce recurrent A&E attendances and admissions for alcohol related conditions.  Progressing the adult integrated care pilot from Jan. 2014 for 12 months  Psychiatric liaison contract is being re-specified;

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
			Care Board									Cardio-vascular and respiratory services are being re-specified to be commissioned on outcomes; specialist palliative care project initiated (hospice at home) for 14/15.
Trish Anderson/ John Marshall	The Integrated Care Plan Pilot is delayed resulting in under-achievement of goals.	3	Business case completed and approved  Qualified team recruited	3	CCG resources;  Primary care capacity		Operational plan  Recruitment/HR processes	Not rated	9	9		Implement pilot to required timetable including recruitment to posts , risk stratification and resolution of PCD issues
Julie Southworth/ Linda Scott	Personal Confidential Data (PCD): The CCG is unable to validate the charges received for patients receiving home oxygen, Continuing Healthcare (CHC) and funded nursing care (FNC). Within Home oxygen it is no longer possible for the CCG to centrally monitor clinical service provision. This lack of validation could cause the CCG to	3	Invoice received from supplier and reconciled to patient data from 3 <sup>rd</sup> party NHS Agency (LaSCA);  Supplier provides confirmatory written advice when prescriptions are issued  Regular Management checks  Patient consent form now agreed	3	Continuing Healthcare and funded nursing care – all invoices are paid without verification. All unreconciled and unverified invoices are recorded to enable retrospective checks	Key personnel working with other agencies around potential solutions		9	9	9		Exploring use of data sharing agreements  Consent now being obtained for all new patients. Consent for existing patients being obtained at annual review. Will be completed by 31/01/15  New coding systems agreed between CHC, FNC and Finance which will remove the need for use of PCD for completion by 1/3/14.

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	make over or underpayment for these services.		and in use		to be made at a later date; Oxygen patients redacted by LaSCA due to current legal debate over secondary use of data.							
<b>1.3 Preventing people from dying prematurely</b>												
Mike Tate/ Kim Godsmann	If clinical practice and outcomes are not improved for patients with cardiovascular, respiratory, liver disease or cancer, then under 75 mortality rates for the four named diseases will not improve	3	Find and Treat initiative, which encourages targeted screening in primary care will continue during 2013/14;  The CCG has recently implemented a community arrhythmia clinic, which will provide care closer to	4	Provider performance	Reports from Providers/ SUS data;  Health & Social Care Information Centre (HSCIC) indicator set		12	12	12		The breathlessness service is to be rolled out across the borough in 14/15. This service is based within GP practices and treats patients in more accessible settings with more accessible appointments. A new service has been commissioned for diabetes education for 14/15 which is awaiting outcome of redesign

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
			home for patients									
Mike Tate/ Kim Godsman  Julie Southworth/ Sally Forshaw	5 Boroughs NHS FT may fail to implement the recommendations highlighted in a high profile Serious Case Review	4	Contract monitoring process; financial adjustments/ incentives  BiMonthly Quality Safety & Safeguarding (QSSG) monitoring meetings  A monitoring framework has been developed and agreed within the CCG and contractually with the provider and indicators are on target. All contract levers are being applied when performance alerts are identified against the framework.	1	Provider performance  Monthly reports to F&P Committee on actions	Reports from provider;  Follow up report from regulator/ panel  QSG bi-monthly meetings tracking progress  Commissioner visits, reporting through Clinical Governance Committee to Governing Body		8	8	4		Action plan agreed with 5 Boroughs Partnership to evidence assurance to be reported to QSSG by 31/3/14.
Trish Anderson/ John Mar-	Matrix Project Management is not functioning efficiently	3	Office of Government Commerce (OGC) Project Management	3	Closer control of work allocation is required	Programme Office assessment against OGC benchmarks	Difficult to assess 'good' co-operative matrix working	12	12	9		Staff have started to embrace Matrix Project Management through inception of 15 projects but PMO function will need to

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
shall			methodology. Programme Office overwatch									address any shortfalls.
Trish Anderson/ John Marshall	The administrative requirements (including procurement) of key projects will not be achievable in sufficient time to achieve saving within 12 months	4	Project documentation/ options appraisal  Project Management Office (PMO) sign-off  Project approval by SDI Committee	3	Some of the control processes are under development/ review	Senior Leadership Team (SLT) SDI and Finance and Performance Committee (F&P) reports & minutes	Negotiating a standing arrangement with CSU to provide assurance	12	12	12		Processes to address issues need to be made systematic and accessible.
Trish Anderson/ John Marshall	Interaction and cooperation between organisations is not sufficient to drive Integrated Care at pace and scale.	3	CCG contribution to the Wigan Integrated Programme Board (IPB). Analysis as reported to SLT and SDI Committee; Wigan Council staff liaising with CCG; Wigan Leaders agreed project governance structure 17/1/14.	4	The Integrated Program Office needs to further develop robust working practices	IPB, SLT, SDI and F&P Committee reports & minutes	Other third party organisations may be brought in to provide assurance	12	12	9		When the Programme control of the Integrated Programme Board and its subordinate management is demonstrated, this risk will be mitigated.



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<b>1.4 Improved access to psychological services</b>												
Mike Tate/ Kim Godsmann	If access to psychological services is not improved the prevalence of mental illness will increase	3	Provider performance monitored monthly in contractual meetings; Contract in place	3	Provider performance	5 Boroughs and Bridgewater now Improved Access to Psychological Therapy (IAPT) compliant; provider performance reports		9	9	9		A procurement process is to be initiated and completed by 30/04/14 to increase provider capacity in IAPT. The procurement remains on target. Targets and penalties (if not enough patients seen) have been inserted in the contract with 5 Boroughs Partnership.
Mike Tate/ Kim Godsmann	If access to psychological services is not increased the recovery rates from mental illness will not improve	3	Provider performance monitored monthly in contractual meetings; Contract in place	4	Provider performance	As above		12	12	12		A procurement process is to be initiated and completed by 30/04/14 to increase provider capacity in IAPT.

**Corporate Objective Two:** Commissioning high quality services which reflect the requirements of the population delivering good clinical outcomes, good patient experience and value for money within available resources

**NHS England Objective:** Are local people getting good quality care?

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
<b>2.1 Ensuring that people have a positive experience of care</b>												
Julie Southworth/ Sally Forshaw	The CCG does not obtain patient feedback and opinion identifying areas of concern and/or areas for improving patient experience	3	Monthly Quality, Safety & Safeguarding (QSSG) meetings with providers;  Complaints monitoring;  Ulysses incident reporting system implemented from 31/1/14 to report to Clinical Governance Committee quarterly.	2	Practice engagement regarding this issue and introduction of Ulysses	Results of NHS annual patient survey; Service specific provider reports; CQC reports; Quarterly Friends & Family Test (FFT) data; Output from providers on patient feedback including patient stories reported through	Patient feedback results not yet collated  Reporting mechanism from PPGs to be developed	6	6	6		Developing social media system to obtain patient feedback  CCG is subscribing to patientopinion.org from 1/4/14 and will report to Clinical Governance Committee  Develop PPG feedback

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						Clinical Governance Committee						
<b>2.2 Treating and caring for people in a safe environment and protecting them from avoidable harm</b>												
Julie South worth/ Sally Forshaw	Immature systems and processes in place to support the management and reduction of HCAs across the health economy	4	Monthly Quality, Safety & Safeguarding Meetings with providers; Strategy for HCAs; Provider action plans and programmes of work; Development of a Primary Care Infection Prevention & Control (IPC) Strategy and annual programme of work requiring engagement with CCG clinical Leads and Localities; Membership of Greater Manchester IPC Group	4		Provider reports and internal reports to Clinical Governance Committee; unannounced commissioner visits to providers  Provider Action Plans  CCG Action Plans	Inability to substantiate Provider assurances	16	16	16		Wigan Borough IPC Collaborative meeting bi-monthly to identify trends and themes and for sharing of best practice and lessons learned will report to Clinical Governance Committee; Training events planned;  GM IPC standardisation of testing and reporting of HCAs; Possible arbitration process to be developed by NHS England Local Area Team

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
Julie Southworth/ Sally Forshaw	Immature systems and processes in place to actively identify early warnings of a failing service	4	Monitoring of progress takes place at monthly Quality, Safety & Safeguarding meetings with providers; Monitoring Provider performance; Ulysses system facilitates improved Primary Care feedback; Early Warning System (EWS) established and reported to Clinical Governance Committee	2	Establishing the GP Practice/ patient feedback system (Ulysses)	Regular progress reports to Clinical Governance Committee EWS system being tested	Quality Surveillance Group not yet established	8	8	8		Establishment of local Quality Surveillance Group to include CQC, Wigan Council and Healthwatch to triangulate data – first meeting set for 26/3/14
Trish Anderson/ Sue Elliot	External regulatory bodies will deem our safeguarding provision as inadequate	5	Performance management of children's services providers through bespoke audit tool  Investigation of safeguarding incidents  Performance management of WWL risk management system (Datix)	3	Direct performance management not fully in place for Wigan Council (Vulnerable Adults)	CQC 'excellent' rating for former PCT service;  Safeguarding Board reports;  Reports to Clinical Governance Committee;  Adult	Some audits not yet completed	15	15	16		Developing a system of audit visits to providers; Assurance from main providers to be completed by 31/7/14; Audit has produced an action plan that will be monitored. The next step will be to complete the audit with commissioners - the action plan for 2013-2015 is being developed. There will be regular updates on activity on the action plan.

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			Strengthened performance management of safeguarding through QSSG for WWL, 5 Boroughs NHS FT and Bridgewater Trust;  Performance management and escalation monitored by QSSG.			safeguarding audit completed;  Derbyshire FT has completed peer to peer review of WWL.						and separate commissioner review by January 2014;  Awaiting report from Derbyshire FT, expected by 28/2/14; Early Warning System being developed with 3 main providers by 31/3/14
Julie Southworth/ Sally Forshaw	Unclosed SUIs of key providers beyond the 45 days timeframe (Linked to Quality Premium)	2	Monthly Quality, Safety & Safeguarding (QSSG) meetings with providers; Review of Provider action plans and programmes of work; Proactive system management; Provider action plans and programmes of work in place and monitored by CCG; Challenge and discussion with Provider senior	4	Timelines exceeded by associate providers with little explanation	Provider reports and internal reports to Clinical Governance Committee	Seeking explanation and assurance from associate providers and commissioners	8	8	8		Incentive scheme in place to develop robust system with WWL by 30/4/14

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
			management to ensure efficient internal systems; CCG representation at provider internal serious incident review panels									
<b>2.3 Preventing regulatory interventions</b>												
Julie Southworth/ Linda Scott	CQC issued a warning notice to WWL in April 2013 on medicines management. The notice has since been removed but if WWL fail to implement the action plan within agreed timeframes the notice may be re-imposed	3	Discussion and monitoring of implementation plan progress takes place at monthly QSSG meeting with WWL. The CCG is a member of the WWL Medicines Management Steering Board where the implementation of the plan is reviewed;  Commissioner Visit to WWL took place on 27.06.13. The quality Team inclusive of Medicines	3	Open communication	Provider reports and internal reports to Clinical Governance Committee; Bi-monthly meetings between Quality leads; Monthly Medicines Management Steering Group meetings re-established.		9	9	9		A further commissioner visit will take place during February 2014.

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
			Management took part in the visit and a review of the medicines Management of medicines was undertaken on the two wards visited. A full report of this visit has been provided to WWL.									
<b>2.4 Commissioning of services shall be done with due regard to the highest principles of clinical governance</b>												
Julie South worth/ Sally For-shaw	Immature systems and processes in place to provide adequate /robust quality and safety assurance for services commissioned by the CCG	4	Provider Quality Safety and Safeguarding meetings - reporting to Clinical Governance Committee and Governing Body  Scrutiny by Quality team, exception reporting and escalation.  Liaison with regulators, CQC & Monitor	2		Papers/ reports to Clinical Governance Committee; unannounced commissioner visits to providers	Access to third party data to validate the providers' data for some areas	12	8	8		Provider action plans and programmes of work in place and monitored by CCG; Commissioner visits to the Providers by the Quality Team inclusive of Medicines Management during February 2014;  CCG representation in a series of WWL internal 'Keogh-style' reviews during February 2014.

**Corporate Objective Three:** Developing an effective commissioning organisation that puts the patient first

**NHS England Objective :** Are patients' rights under the NHS Constitution being promoted?

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
<b>3.1 Members are proactively engaged</b>												
Trish Anderson/ John Marshall	If members are not proactively engaged the CCG may not improve clinical outcomes for patients	4	Clinical Executive Leads chair Governing Body committees, Locality Groups and work programmes	1	New post locality ADs are establishing themselves in role	Governing Body Committee minutes; Members Convention	New post locality ADs are establishing themselves in role	4	4	4		Developing primary care strategy by 31/3/14;  SCEOS being reviewed
Trish Anderson/ John Marshall	If members are not proactively engaged the CCG may not obtain the benefit of innovative clinical insight from a primary care setting	4	Clinical Executive Leads chair Governing Body committees and Locality Groups; Single Commissioning Engagement Outcome Scheme (SCEOS) system in place; Locality Executive Support Officers recruited	1	New post locality ADs are establishing themselves in role	Governing Body Committee minutes; Members Convention	New post locality ADs are establishing themselves in role	4	4	4		Commissioning plans going out to Localities for review;  CCG identifying Clinical Leads for the various projects engaged in shifting hospital care to out of hospital settings



Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
<b>3.2 The patient's rights under the NHS constitution will be upheld</b>												
Mike Tate/ Kim Godsmann	Backlog of patient case notes to review at WWL in respect of automated discharges could have negative impact on 52 week breaches and patient safety	4	Weekly contract monitoring meetings with WWL; highest priority on its risk register	5		WWL weekly reports to CCG		Not rated	20	20		WWL has established a series of additional PTL suites to assess individual cases; work will be completed by 1/4/14 and reported to the CCG
Julie Southworth/ Linda Scott	If the threat of Judicial Review in the continuing healthcare (CHC) case was successful there may be a significant financial cost and legal fees	3	CHC team review each case individually; multi-disciplinary team panel review; CHC eligibility panel review; dispute resolution panel; independent review panel	3		Reports and other outputs from assessment teams and panels		Not rated	9	9		Claimant's solicitors have not responded to the CCG's legal advisors' communication of 11/09/13.  Possible action for CCG clinical team is to consider how robust our criteria is for health rehabilitation claims
Mike Tate/ Kim Godsmann	Patients waiting longer than 52 weeks on a referral-to-treatment pathway	3	Contract monitoring process; financial adjustments/incentives; KPIs; contract penalties; early warning system reports; Senior management team	3	Provider performance  Non WWLFT provider performance	Provider reports; provider board reports add a reasonableness check  Audit trail built up of		9	9	9		All breaches are investigated and reported to the provider board and CCG. The current 4 breaches will be cleared by 28/2/14.

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
			meetings; Monthly exec to exec meetings; Area Team and Lead Commissioner reports and meetings			letters and challenges						
Mike Tate/ Kim Gods man	Backlog of oral surgery cases growing which may impact on health economy performance against 18 week referral to treatment target	4	Contract monitoring process; financial adjustments/ incentives; KPIs; contract penalties; Area Team and Lead Commissioner reports and meetings	3	Backlog growing - NHS England is responsible, the CCG has made repeated requests to ask them to address this problem.	Provider reports in contract monitoring meetings		Not rated	12	12		The CCG is liaising with NHS England as the responsible commissioner and WWL to ensure that the backlog is managed.
Mike Tate/ Kim Gods man	More than 1% of patients waiting longer than 6 weeks for a diagnostic test	3	Contract monitoring process; financial adjustments/ incentives; KPIs; contract penalties; early warning system reports; proactive monitoring of Bolton area	3		Provider reports; provider board reports add a reasonableness check; Received assurance that plans are in place from Bolton CCG;		9	9	9		All breaches are investigated and reported to the provider board and CCG. This performance should be on target during February 2014.

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
						contract team attendance at Bolton FT monitoring meetings						
<b>3.3 Patients are engaged in CCG decisions</b>												
Trish Anderson/ John Marshall	If patients are not proactively engaged the CCG may not obtain the benefit of their insight into redesign of services	4	Locality Patient Groups established; promotion of involvement opportunities through 'patient engagement menu' and website  Patient Forum established;  Communications & Engagement Strategy	1	Systematic involvement across all project areas/ work programmes	Reports to QIPP Group and Service Design and Implementation Committee  Lay member presentation to Governing Body meeting;  Patient engagement events	Review of processes and access to resources to support engagement activities	4	4	4		Work with Diabetes UK to develop engagement methodologies, in particular methods to reach young people and 'hard to reach' groups

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
<b>3.4 Staff satisfaction is demonstrable and evidenced</b>												
Trish Anderson/Jo Small	Lack of robust HR polices and processes within the CCG	2	HR partner/support service specification and agreement in place;  Review by in-house HR resource	3	Volume of policies requiring update leads to delays	Reports to Corporate Governance Committee		6	6	6		Part way through the process which will continue in line with priorities and should be completed by 31/03/14
<b>3.5 Staff are developed to their full potential</b>												
Trish Anderson/Jo Small	Quality of data in ESR is poor which will impact on the quality of the information extracted from the system	3	ESR system  Quarterly monitoring process with WWL (provider)	4	Gaps in equality data due to limited access to ESR	Reports to Corporate Governance Committee		6	12	12		Implement the process of limited manager self-service on ESR by 31/03/14;  SLA with WWL needs to be reviewed to clarify responsibility around ESR maintenance by 30/06/14

**Corporate Objective Four: Being an Organisation that consistently delivers its statutory duties**

**NHS England Objective: Are CCGs commissioning services within their financial allocations?**

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
<b>4.1 Achieving financial balance</b>												
Mike Tate/ Craig Hall/ Chris Mell-ing	The ongoing failure nationally to resolve the PCD issue for commissioners has been highlighted in recent internal audit reports which have resulted in limited assurance; this could impact on final accounts process	4	Activity related data and associated payments currently processed based on provider records without routine CCG verification procedures	4	Access and interrogation of PCD related data	Internal audit report received providing limited assurance	Issue has been raised with internal and external audit, and NHS England Local Area Team	Not rated	16	16		This significant issue has been highlighted to MIAA and Grant Thornton in addition to NHS England for onward escalation. If not resolved this significant risk could impact on final accounts process and the CCG's annual governance statement;  Mitigating actions have been put in place with MIAA completing annual review
Mike Tate/ Craig Hall/ Chris Mell-ing	If access to SUS data via CSU to manage provider contracts is restricted then the CCG cannot manage activity	3	Access and interrogation of high level SUS data; Monthly monitoring of contracts;	3	CCGs not authorised to access PCD  Applica-tion of risk stratifica-	Monthly reports to Finance & Performance Committee and Governing Body;  Health & Social	Detailed contract monitoring which requires PCD	16	16	9		This is a national issue and being managed locally through GMCSU on a weekly basis. To date work with HSCIC has allowed limited access to PCD which is pseudonymised but the

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
					tion tool	Care Information Centre (HSCIC) reports						underlying issues still remain in respect of invoice validation. Risk is reduced due to no further impact on QIPP schemes in year.
Mike Tate/ Craig Hall	Impact of Specialised Commissioning in-year allocation amendment	4	Greater Manchester CFO group negotiating with Specialised Commissioners and we have representation on North West group	1	Final allocation determined by NHS England	Monthly reports to Finance & Performance Committee and Governing Body		12	8	4		CCG membership of North West Specialised Commissioning Group has resulted in an agreement on baseline budgets and risk shares which were transacted at month 6 and reported to F&P Committee and Governing Body. No further adjustments are expected at this time.
<b>4.2 Achieving QIPP efficiencies</b>												
Mike Tate/ Chris Melling	Long Term Conditions programme final outturn savings will not be certain until the end of the financial year	3	Long Term Conditions programme is now established and being monitored through LTC Steering Committee ; Monthly contract monitoring process; meetings with providers; currently in budget; savings embedded	3	Risk stratification tool not being updated due to PCD issue	Reported to Finance & Performance Committee	Financial delivery of target savings	9	9	9		Year 2 programme of Long Term Conditions to be fully communicated after discussion at Wigan Leaders Executive Board 31/3/14

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
			in contract; Bridgewater Trust currently monitoring a percentage of patients that have been risk reviewed; Risk stratification tool regularly produces refreshed patient cohort for action									
Mike Tate/ Chris Melling	Workstream targets delegated to working groups not being delivered in time.	3	Monitoring through QIPP group and senior management one to ones with the executive;  Mitigated through use of reserves	3	Reliant on development and implementation of new schemes	Schemes identified and presented to QIPP group and Finance & Performance Committee	Delivery not guaranteed	9	9	9		Monitoring through QIPP group and senior management one to ones with the executive  Any undelivered schemes that fit with the corporate objectives have been rolled forward to the 14/15 programme
<b>4.3 Ensuring activity is within acceptable parameters</b>												
Mike Tate/ Craig Hall	If activity trends year to date and full year forecast exceed parameters, then financial duties may not be met	3	Contract monitoring process; financial adjustments/incentives;  CCG has settled	2		Reports to Finance & Performance Committee and Governing Body	Managing excessive demand in the acute providers	9	9	6		All contracts subject to monthly monitoring work. Key contracts reported to F&P Committee and Governing Body

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
			the main provider contract with WWL									
Mike Tate/ Kim Godsmann	If the number of people under adult mental illness specialties on the Care Programme Approach who were followed up within 7 days of discharge from psychiatric in-patient care during the period falls, then increased self-harm or suicide may occur	4	Monthly performance monitoring meetings take place with 5 Boroughs NHS FT; any breaches are followed up and investigated	2		Reports to monthly Quality, Safety & Safeguarding Group meetings		8	8	8		The CCG is monitoring the performance on a monthly basis. Any breaches are reported to the Performance Contracts Leads Group. Currently there are no concerns in respect of this target.
<b>4.4 The CCG will ensure that it operates with due regard to the highest principles of Corporate Governance</b>												
Mike Tate/ Chris Melling	CSU provider may not prioritise the requirements of WBCGG delivery.	3	Associate Directors monitoring services and liaising with CSU  Associate Director Financial Sustainability and Performance monitoring CSU delivery through weekly liaison with	3	Reliant on CSU delivery – particularly for IM&T	Reporting pack from GMCSU regularly received and discussed with SLT members;  This information also reported to F&P Committee	Report lacks detailed KPIs	9	9	9		Continue to work with GM CSU to align strategy  Regular meetings with GM CSU/other CCG Leads to gain assurance that new business intelligence tools will meet CCG requirements;  IT processes being discussed with CSU senior



Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
			CSU management  User groups established to track performance and raise issues with GMCSU									management; Revised meeting schedule to follow up plan agreed 31/3/14.
Julie Southworth/ Sally For Shaw	Data loss/leakage through accident or negligence	4	IT physical and logical security; policies in place	2		Management reports to Corporate Governance Committee	CSU intelligence gathering of network incidents to be developed	8	8	8		Staff mandatory training on information governance to be delivered by 31/12/13;  Requested on-site training for all staff by 31/3/14
Julie Southworth/ Sally For Shaw	Emergency planning, resilience and response is inadequate leading to further harm	5	GM and Borough Resilience Groups; Documented response plan; scenario training exercises; Incident Response Plan approved	1	Plans not yet tested	Reports to Corporate Governance Committee		5	5	5		CSU supporting CCG by drafting plans for 'localisation'  Testing programme to be rolled out in Quarter 4
Julie Southworth/ Sally For Shaw	Undeclared Conflict of Interest	3	Constitutional requirement to make declarations; Nil returns required; GMC code of conduct; Policy in place	3	Policy expectation of the staff/ members that should be declaring	Declarations received  Internal Audit Report	Declarations not yet rolled out beyond Governing Body	6	9	9		Internal audit undertaken. Action plan from audit to be completed

Exec Lead	Principal Risks	Impact Rating	Key Controls	Likelihood Rating	Gaps in Control	Positive Assurance	Gaps in Assurance	Rating at end of Q1	Rating at end of Q2	Rating at end of Q3	Closing Rating	Action Plan Summary
<b>4.5 The CCG will ensure that it complies with its Constitution when meeting its objectives</b>												
Trish Anderson/ John Marshall	If the CCG does not promote integration of health services with other health services and with social care services then the quality of services will not be improved	4	Process reviewed by Wigan Leaders Executive Board who approved the Integrated Care Vision; Long term conditions programme; integrated neighbourhood teams; QIPP Project Management Office; Direct Enhanced Service for risk stratification	1	External controls are not well developed	Reports to Service & Design Implementation Committee	Negotiating a standing arrangement with CSU to provide assurance	4	4	4		Pilot exercises are being developed for Child and Adult in addition to Out of Hospital Care
Trish Anderson/ John Marshall	If the CCG does not demonstrate collaboration with other CCGs and local organisations then maximum efficiency will not be achieved from commissioning arrangements	5	Completion of Joint Strategic Needs Assessment and development of commissioning strategy;  Healthier Together Programme monitored by Governing Body	2	External controls are not well developed	Reports to Committees and Governing Body  Healthier Together Committee in Common; Health & Well being Board	Lack of clarity around Healthier Together model/ configuration	10	10	10		Governing Body to continue to monitor progress monthly