West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire & Harrogate
Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 14 January 2020	Agenda item: 73/20		
Report title:	**Joint Committee risk management**		
Joint Committee sponsor:	Marie Burnham, Independent Lay Chair		
Clinical Lead:	N/A		
Author:	Stephen Gregg, Governance Lead		
Presenter:	Stephen Gregg		
Purpose of report: (why is this being brought to the Committee?)			
Decision		Comment	✓
Assurance	✓		

Executive summary

Risk management

1. The Joint Committee has agreed an approach to reviewing and managing the risks to the delivery of its work plan. Risks are given a score of 1-5 for likelihood and 1-5 for impact. These scores are then multiplied to give the total risk score. All relevant risks scored at 12 or above *after mitigation* are reported to the Committee.

2. Risks as at 6th January 2020 are attached at **Appendix A.** Controls, assurances and planned mitigating actions are set out for each risk. There are currently 4 risks scored at 12 or above after mitigation:

   Urgent and emergency care
   4.1 IT, interoperability and issues with national systems (risk score – 12)

   Elective care/standardisation of commissioning policies (SCP)
   5.2 Workforce (12)
   5.4 Hydroxychloroquinine monitoring (12)
   5.5 Flash glucose monitoring (12)

   Risks 4.1, 5.2 and 5.4 have previously been reported to the Joint Committee. Risk 5.5 has been added to the register since the update to the Joint Committee in October 2019.

3. The scores for 2 Elective care/SCP programme risks have been reduced to below 12 since October. These risks are shown on the register, but will be removed from future versions:

   5.1 Financial return (now scored at 8).
   5.3 Sustainability of the programme (now scored at 6)

Recommendations and next steps

The Joint Committee is recommended to:

a) **review** the risk management framework and **comment** on the actions being taken to mitigate current risks.

Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)	
Effective risk arrangements are needed to ensure the delivery of the Joint Committee work plan.	
Impact assessment (please provide a brief description, or refer to the main body of the report)	
Clinical outcomes:	See Appendix A.
Public involvement:	See Appendix A.
Finance:	See Appendix A.
Risk:	See Appendix A.
Conflicts of interest:	None identified.

West Yorkshire and Harrogate Joint Committee of CCGs

Assurance Framework

Introduction

The Assurance Framework sets out how the Joint Committee will manage the principal risks to delivering agreed STP outcomes covered by the Committee's work plan. The Framework enables the Committee to assure itself (gain confidence, based on evidence). The framework aligns risks, key controls and assurances.

Where gaps are identified, or key controls and assurances are insufficient to reduce the risk of non-delivery, the Committee will agree the action that needs to be taken. Planned actions will enable the Committee to monitor progress in addressing gaps or weaknesses.

The Committee will:

- Monitor the principal risks that threaten the achievement of the outcomes covered by the Joint Committee's workplan.
- Evaluate the controls intended to manage these principal risks.
- Evaluate the assurance across all areas of principal risk.
- Identify positive assurances and areas where there are gaps in controls and / or assurances
- Put in place plans to take corrective action where gaps have been identified in relation to principal risks.

Risks are given a score of 1-5 for likelihood and 1-5 for impact. These scores are then multiplied to give the total risk score. The framework identifies risks with a score of 12 or more, after mitigating controls and assurances have been taken into account.

Summary of risks 06.01.2020

Appendix A

Outcome covered by work plan	Risk to delivering the outcome	Initial Score Likelihood x impact (Without controls)	Controls and assurances	Current Score Likelihood x impact (With controls)	Planned mitigating actions
1. Joint Committee decision-making • Joint Committee decisions are robust, with appropriate public and patient involvement, clinical engagement and quality assurance.	• No relevant risks currently scored at 12 or above.				
2. Cancer • New strategic approaches to commissioning and providing cancer care.	• No relevant risks currently scored at 12 or above.				
3. Mental Health • Agree a single operating model for the management of acute and psychiatric intensive care unit (PICU) beds. • Agree a standard commissioning approach to acute and PICU services and a commitment to peer review local crisis services. • Agree plan for the provision of children and young people inpatient units, integrated with local pathways.	• No relevant risks currently scored at 12 or above.				

Outcome covered by work plan	Risk to delivering the outcome	Initial Score Likelihood x impact (Without controls)	Controls and assurances	Current Score Likelihood x impact (With controls)	Planned mitigating actions
4. Urgent and emergency care Integrated urgent care services • Agree the specification and business case (incorporating future arrangements for NHS 111 and GP out of hours services). • Agree the commissioning and procurement process to deliver services from 2019 onwards.	4.1 There is insufficient resource to deliver on IT and interoperability and issues remain with national systems	16 (4 x 4)	• Urgent and emergency care IT Leadership. • Well established links with NHS Digital, NHS England and NHS Improvement. • Agreed escalation with NHSE/NHS Digital.	12 (3 x 4) No change since October Joint Committee	• Engagement with CCGs and local places to connect systems. • "GP Connect" pilot will provide better interoperability if proved successful. This is currently being tested in Leeds and initial results are positive. This should resolve interoperability issues, significantly reduce the need for additional resources to configure local practices and significantly reduce the risk.
5. Elective Care/standardisation of commissioning policies Develop and agree commissioning policies, including: • Pre-surgery optimisation (supporting healthier choices); • Clinical thresholds and procedures of low clinical value; • Eliminating unnecessary follow-ups; • Efficient prescribing.	5.1 Financial return and impatience. This is a long game.	20 (5 x 4)	• Efficiency savings will be achieved in implementing changes in clinical thresholds and care pathways that will release capacity and resource to be applied elsewhere in the system. • It will take time for transformation of a systems approach and application of standardised policies to deliver efficiency savings to measure the financial gains across WY&H. We need to focus on the long term gains such as the savings to be made from NHSE's evidence based interventions and adopting a policy across WY&H on low value prescribing in primary care.	8 (4 x 2) Score reduced from 4 x 3 since October 2019 Joint Committee – **risk will now be removed**	• PwC resource in Summer 2018 quantified some of our financial gains to be delivered through the programme. • Recognise that financial benefit will primarily come from future cost containment, rather than actual reduction in spend. • This will be achieved through demand reduction through supporting healthier choices, and implementation of efficient and clinically effective pathways and policies. • Approved suite of policies to mitigate cost and changed conversation as regards 'the conversation' on freeing costs • We now have strong financial leadership in the programme and commitment in place for better financial management looking at cost calculation and improvement. We anticipate that during the latter part of 2019/20 we will deliver some analysis on costs and gains, and identification of unmet need (health equity) cost to the programme. • The financial strategy of the programme will deliver a statement of our costs and gains by the end of this financial year. Greater understanding from places that the programme will not be cash releasing but will drive efficiencies.

Outcome covered by work plan	Risk to delivering the outcome	Initial Score Likelihood x impact (Without controls)	Controls and assurances	Current Score Likelihood x impact (With controls)	Planned mitigating actions
Elective Care/standardisation of commissioning policies (cont.)	5.2 There is a risk that transformational changes cannot be implemented (subject to outcome of consultation with key stakeholders) due to lack of available & appropriately skilled workforce or the current workforce unwilling to adapt to changes in working or to upskill to address any skills gap. This will affect the implementation of the WY&H MSK Pathway that has a target implementation period of 3 years and associated MSK policies have a period of 1 year. Without the appropriately skilled staff to deliver the services along the MSK pathway these implementation dates will not be met.	15 (3 x 5)	• Workforce information will need to be collected as part of the programme and a defined plan and strategy to work with the West Yorkshire & Harrogate Workforce Strategy Group to address workforce challenges. • Explicit mitigation action with LWAB to escalate the risk of the system being able to roll out FCPs to 15% of the population by 2020 against the risk of de-stabilising the system. • The role and uptake of FCPs and Pharmacists in Primary care networks will present challenges at Place and for LWAB to take responsibility where physiotherapists are taken from elsewhere in the system.	12 (3 x 4) Risk score unchanged since October Joint Committee. Risk mitigating actions revised.	• To maintain all other services, staff will need to be upskilled and Primary care networks will need to fund and develop these new roles. There is a need for a conversation with the primary and community care programme. Work with Health Education England (HEE) to proactively identify training needs and opportunities to develop workforce across different workstreams • Workforce development is needed and to bring to attention of HEE (revised partnership workforce) • Local Workforce Action Board – work with and identify skills gap and strategies to address. • Engage with workforce, Comms and Engagement Manager (internal comms strategy). Bid for first contact practitioners (FCP) implementation from LWAB across the ICS in June 2019, and primary and community pharmacists and optometrists' development: the biggest risk to the future sustainability of this programme. The outcome of the bid for FCP implementation received in August 2019 with £50k received. Other sources of funding to be researched with NHSE and the Primary and Community Programme across WY&H. We need to provide whatever support we can for our Places to be in a position to implement the MSK pathway and associated policies. • To support the eye care programme HEE are undertaking a workforce census in WY&H. in addition HEE will explore best practice in workforce models for dermatology and compare WY&H with good practice nationally.

Outcome covered by work plan	Risk to delivering the outcome	Initial Score Likelihood x impact (Without controls)	Controls and assurances	Current Score Likelihood x impact (With controls)	Planned mitigating actions
Elective Care/standardisation of commissioning policies (cont.)	5.3 Sustainability of the programme. The programme team is funded through non-recurrent funding. At present there is no clear source of funding programme staff and operating costs in 2020-21; anticipated funding sources/levels are likely to be significantly reduced on previous years.	25 (5 x 5)	• Risks will be mitigated by the following: SRO, Programme Director, Project Manager , Programme Support Officer, Workstream Oversight Group and Working Groups for the different workstreams. Regular progress reports and strong programme management will highlight risks to delivery and measures to address and mitigate them. • Conversations with WYAAT colleagues to provide funding for the post of programme manager to ensure joined up delivery across WYH HCP and WYAAT beyond 2020 to achieve the deliverables of this programme and its eye care workstream. Develop agreement across the HCP about maintaining the position we achieve, ensuring an ongoing legacy.	6 (3 x 2) Score reduced since October 2019 Joint Committee – **risk will now be removed**	• Performance management of planned care functions will track the achievement of key deliverables and alignment of programme resources; highlighting risks and identifying the realisation of benefits. The changing deliverables of the programme may increase pre and post mitigation scores and impact dependent on the expectation of the programme, e.g. System Oversight and Assurance Group (SOAG). • 2020/21 funding will be guaranteed through an underwriting agreement by the partners of the WY&H HCP. This, in addition to 50% funding secured through programme budget at NHSE, will secure the programme for the next financial year. Longer term strategies will be required.

Outcome covered by work plan	Risk to delivering the outcome	Initial Score Likelihood x impact (Without controls)	Controls and assurances	Current Score Likelihood x impact (With controls)	Planned mitigating actions
Elective Care/standardisation of commissioning policies (cont.)	5.4 Hydroxychloroquine: There is a cohort of people prescribed and taking Hydroxychloroquine/ chloroquine in the community across WY&H who are not being monitored to guard against the risk of avoidable sight loss. The ICS currently doesn't have an effective monitoring programme, and this will continue if the ICS does not commission a service to deliver one; heightening the risk of sight loss to people across WY&H. The capacity challenges faced by providers adds to the difficulty in providing a service to monitor patients, and capacity challenges will present difficulty in having enough suitably qualified staff.	15 (5 x 3)	• A monitoring protocol follows issued guidance from the Royal College of Ophthalmologists	12 (4 x 3) Risk description and mitigating actions have been revised since October 2019 Joint Committee following approval of the policy and pathway at the November meeting	• There will be local negotiations with NHS providers to see if something can be delivered within Hospital Eyecare Services. We will need to consider a System option if there's no success with this. There needs to be a relationship between hospital eye care services and the community to build capacity. The programme's plan to manage AMD, Cataracts and Glaucoma and eventually Diabetic Retinopathy demand for services will create capacity in the system in ensuring appropriate referrals and streamlining the discharge and follow up pathway and process to ensure that only appropriate patients are seen in outpatients. The pathway and policy were agreed at JCC in November 2019. An implementation meeting is planned for Q4 with a 3 year implementation plan. 1 place is ready to implement from 1 April 2020.
Elective Care/standardisation of commissioning policies (cont.)	5.5 Flash Glucose monitoring prescribing levels	15 (5 x 3) **New risk**	• We do not understand fully the impact of the actual and predicted prescribing levels following implementation of the flash glucose monitoring policy. Assurance of the evaluation policy undertaken by Joint Committee to address any negative impact of this policy.	12 (4 x 3) **New risk**	• Responsibility for evaluation has been clearly expressed by the Joint Committee in the minutes and action log. Pharmacy Leadership Group members will monitor actual prescribing spend against anticipated spend. This work will also be linked with the WY&H Diabetes programme.