

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 5 September 2017		Agenda item: 17/2017	
Report title:		Risk management and assurance	
Joint Committee sponsor:		Chair	
Clinical Lead:		N/A	
Author:		Stephen Gregg, Governance Lead	
Presenter:		Stephen Gregg, Governance Lead	
Purpose of report: (why is this being brought to the Committee?)			
Decision	✓	Comment	
Assurance			
Executive summary			
<p>This report sets out a proposed assurance framework for the Joint Committee. It proposes a proportionate approach that relates directly to the Committee's work plan. It recognises that responsibility for managing most risks relating to the delivery of relevant STP outcomes does not rest with the Committee. It proposes that the Committee should be assured that key risks are being managed appropriately at the right level, and that it is able to identify any action that it might need to take. It proposes two main areas of focus for the Committee's assurance framework:</p> <ul style="list-style-type: none"> • Risks to the delivery of the STP outcomes covered by the Joint Committee's work plan • Risks to the Committee making robust and transparent decisions 			
Recommendations and next steps			
<p>The Committee is recommended to agree:</p> <ol style="list-style-type: none"> 1. That the Committee's assurance framework is based on the principles outlined in this report. 2. That the framework be used to inform agenda-setting and work planning. 3. That the Governance Lead works with Programme Leads to populate the framework, for review by the Joint Committee at its meeting in public on 7th November 2017. 			
Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)			
<p>The proposed framework focuses on the risks to delivering the STP outcomes covered by the Committee's work plan.</p>			

Impact assessment (please provide a brief description, or refer to the main body of the report)

Clinical outcomes:	The proposed framework will cover relevant risks.
Public involvement:	As above.
Finance:	As above.
Risk:	The report proposes an approach to risk management and assurance.
Conflicts of interest:	The proposed framework will cover relevant risks.

West Yorkshire and Harrogate Joint Committee of CCGs

Risk management

1. Introduction

1.1. The Joint Committee work plan for 2017/18 identifies 2 roles in relation to managing risk:

- oversee the development and maintenance of assurance and risk management systems and processes
- maintain an up to date risk profile by reviewing all significant risks to the achievement of STP and CCGs' objectives through the development of an Assurance Framework

This paper sets out a proposed assurance framework. It proposes that the Joint Committee's approach is proportionate and relates directly to the outcomes that the Committee is seeking to achieve. It recognises that responsibility for managing most risks relating to the delivery of the STP does not rest with the Committee. It proposes that the Committee needs to be assured that key risks are being managed appropriately at the right level, and that it is able to identify any action that it might need to take. It proposes two main areas of focus for the Committee's assurance framework:

- Risks to the delivery of the STP outcomes covered by the Joint Committee's work plan
- Risks to the Committee making robust and transparent decisions.

2. Assurance framework - risks to delivering outcomes

2.1 The ambitions of the STP are focused around the 3 'gaps' of the Five Year Forward View – health and wellbeing, care and quality, finance and efficiency. This sets a clear framework for the approach to risk management and for how the work of the Joint Committee can contribute to improvement across West Yorkshire and Harrogate. In relation to outcomes, the risk management framework should not duplicate the risk management arrangements that are already in place at CCG or Programme level. Instead, it is proposed that the framework should sight the Committee on the high level risks to the delivery of the STP outcomes covered by its workplan, and the arrangements that are in place to manage those. The approach also has the potential to support the development of mutual accountability.

2.2 It is recognised that not all risks to the delivery of relevant STP outcomes will have direct implications for commissioners. Nevertheless, to ensure an effective system-wide response, it is important that the Committee is sighted on all significant risks. This will also enable the Committee to determine whether any commissioning decisions may need to be taken at WY&H level to manage the risk, and how this might need to be reflected in the Committee's workplan, perhaps by way of a 'deep dive' into the risk area.

- 2.3 The approach to managing risk varies across the STP Programmes. For example, the Urgent and Emergency Care Programme Board does not have a risk register for its draft delivery plan, as most of the risks are held by local A&E Delivery Boards. From an initial assessment of the risk registers of the other Programmes, it appears that identified risks are not consistently and specifically aligned to the delivery of STP outcomes. It is proposed that the Governance Lead works with Programme Leads to improve consistency of approach across the Programmes.
- 2.4 To avoid duplication, it is not proposed that the Joint Committee establishes its own risk register. The Committee's Assurance Framework will be drawn from the risk registers at Programme level.
- 2.5 Appendix 1 sets out a potential assurance framework. ***For illustrative purposes only***, it includes a sample of programme risks and the mitigating actions being taken in response to them.

3. Assurance framework - Joint Committee decisions

- 3.1 The second area of risk which the Committee will need to oversee relates to its decision making arrangements. The Committee will need to be assured that its work plan is both clear and specific, and that governance and risk management arrangements are robust and transparent. This will minimise the risks of it taking poorly informed decisions, leading to reputational damage.
- 3.2 Particular areas of emphasis will include ensuring appropriate, timely and meaningful clinical leadership and public and stakeholder engagement and involvement.
- 3.3 It will be the responsibility of individual programme Senior Responsible Officers to ensure that these processes have taken place in advance of decisions being taken place at Joint Committee – or to explain why this has not been necessary.

4. Stakeholder communication

- 4.1 The Joint Committee recognises that risks are managed at a number of different levels – Joint Committee, Programme and individual place. Just as the Committee will draw on risks identified within Programmes, it will share, via bi-monthly updates, the Joint Committee's Assurance Framework with STP Programmes and member CCGs. This will ensure that there is a shared understanding of the risks to delivery of STP outcomes, and the controls and assurances that are in place to manage them.

5. Next steps

- 5.1 If the Joint Committee agrees the proposed approach, the Governance Lead will work with Programme Leads to populate the Assurance Framework for consideration by the Committee in November 2017. It will then be updated bi-monthly.

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DRAFT Assurance Framework

Introduction

The Assurance Framework sets out how the WY&HJC will manage the principal risks to delivering agreed STP outcomes covered by the Joint 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 alongside each agreed STP outcome. The framework also covers the Committee's decision making processes.

Where gaps are identified, or key controls and assurances are insufficient to reduce the risk of non-delivery, the Committee will need to 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 STP 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.

Summary of risks

ILLUSTRATIVE ONLY

STP outcome covered by Joint Committee workplan	Risk to delivering the outcome	Initial Score (without controls)	Current Score	Mitigating actions
<p>Cancer</p> <p>Increase in survival rate to 75% by 2020-21, with the potential to save 700 lives each year.</p> <p>Deliver a new 28 days to diagnosis standard for 95% of people investigated for cancer symptoms.</p>	<p>1.Lack of Data Sharing agreements, in particular the Early Diagnosis project group. This is due to drilling down to small numbers/patients with the added of risk of patient identification.</p>			<p>Gain understanding of the risks to patients. Develop risk sharing agreements between organisations</p>
	<p>2.Commissioners and Providers are unable to support required diagnostic growth as agreed due to other financial pressures.</p>			<p>Engage with National Cancer Transformation Team to socialise what we aim to achieve and ensure our bid aligns with national requirements/interests.</p>
<p>Mental Health</p> <p>A zero suicide approach to prevention, aspiring to a 75% reduction in numbers by 2020-21.</p> <p>A 40% reduction in A&E attendances for people with mental health issues by 2020-21. Eliminate out of area placements by end 2017.</p>	<p>3.Unable to demonstrate the impact/ROI of schemes due to lack of an evaluation framework and robust data</p>			<p>Map local place & WY plans for Mental Health Five Year Forward View priorities and targets with commissioners. Develop consensus on the relationship between 'place' and STP level work.</p>
	<p>4.Level of cross subsidisation due to differential investment by CCGs</p>			<p>Work with WY&H MH commissioners to develop process for how we 'level up' across the patch.</p>
<p>Stroke</p> <p>Reduce cardiovascular events by 10% by 2020-21</p>	<p>5.Providers may not be able to implement the latest stroke guidelines due to lack of available and appropriately skilled workforce able to deliver new models of care resulting in continued variance in stroke outcomes across the West Yorkshire & Harrogate footprint.</p>			<p>New Guidelines circulated to all members of the group and implications of implementing new guidelines will inform new models of care and care pathways. Trust representatives to report by exception workforce concerns.</p>
	<p>6.Existing Hyper Acute Stroke services across the WY&H footprint may experience operational resilience issues due to inability to recruit and retain appropriately skilled workforce during the transformation transition period resulting in emergency commissioning arrangements being implemented in advance of new models of care being approved and implemented.</p>			<p>Provider operational resilience issues to be addressed via existing contractual routes via the Lead CCG.</p> <p>T&F Group to receive notification of operational pressures & will review outcome of discussion between relevant provider & Lead CCG with a view to ensuring outcome/lessons learned inform future transformation options.</p>

				Key Impacts & inter-dependencies with Project deliverables is a standing agenda item to encourage 2 way dialogue between Organisation representatives & Project.
Urgent and emergency care Deliver the 95% 4 hour A&E standard in March 2017, and consistently thereafter.	7. Workforce pressures in primary care may result in challenges in achieving Delivery Plan targets for GPs in A&E and extended access.			Identify ways in which the wider primary care workforce can deliver.
	8. In-year financial pressures may restrict the ability to deliver short term targets which are outside of the contracting round, including primary care streaming and patient flow and discharge			Ongoing monitoring of current and planned schemes
Joint Committee decision making				
	9. The Committee's decisions are not informed by adequate stakeholder involvement, in particular clinical and public engagement.			Ensure an effective engagement and involvement with stakeholders, e.g. Clinical forum, Lay member forum, CCG members.
	10. The decisions delegated to the Committee by the CCG are not set out clearly, leading to challenge and reputational damage			Refine the Committee workplan, setting out specific decision points for the Committee.