

Title of meeting: Slough CCG Governing Body Meeting in Public							
Date of Meeting	03/02/2015		Paper Number				
Title	Slough CCG Assurance Framework						
Sponsoring Director (name and job title)	Chief Financial Officer						
Sponsoring Clinical / <u>Lay Lead</u> (name and job title)							
Author(s)	Christina Gradowski (Head of Corporate Affairs) and risk owners						
Purpose	The Assurance Framework highlights those high and extreme risks to the Governing Body. The Framework provides details of the actions being taken to mitigate the risks and a risk rating.						
The WAM Governing Body is required to (please tick)							
Approve	<input type="checkbox"/>	Receive	<input type="checkbox"/>	Discuss	<input checked="" type="checkbox"/>	Note	<input type="checkbox"/>
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	The Assurance Framework provides details of each of the risks, the risk owner, the risk rating and the controls and assurances that are in place; along with a risk mitigation plan.						
Legal implications/regulatory requirements	Depending on the nature of the risk; a particular risk may have legal implications / regulatory requirements for example CQC inspection (regularity); ISFE (financial regulations)						
Public Sector Equality Duty	Where risks relate to the Public Sector Equality Duty – details will be included in the risk treatment plan						
Links to the NHS Constitution (relevant patient/staff rights)	NHS Constitution Section 3a patients have the right to start consultant led treatment within a maximum of 18 weeks and be seen by a Cancer Specialist within 2 weeks if cancer is suspected.						
Strategic Fit	The AF is currently aligned to Slough CCG's key priorities and will be mapped to the 7 ambitions within the CCG 5 year plan in the next iteration.						
Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i> <i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i>	Financial issues and implications are clearly identified and risks quantified and graded.						

<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Date Director of Nursing sign off 17/02/2015</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Clinicians are involved in a number of areas where risks have been identified – contracts / finance / clinical quality etc</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>A member of the public sits on the Quality Committee where the risks relating to quality of commissioned services is reported through the Quality Risk Register.</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>

Executive Summary

This paper summarises the key risks that significantly affect the delivery of Slough CCG's strategic objectives. The GB Assurance Framework comprises those high and extreme risks linked to WAM CCG's strategic objectives which are reported through the following risk registers:

- Slough CCG Risk Register encompassing financial risks
- Quality Committee Risk Register
- Strategy Committee Risk Register
- IM&T Board Risk Register
- Quality, Innovation, Productivity and Prevention (QIPP) and Finance Risk Register

To note that following the Joint Federated Audit Committee feedback risks have been re-appraised and improvements have been made to the way that risks are articulated. The updates to the actions are highlighted in bold text. New risks are clearly labelled.

The key risks to Slough CCG are as follows:

Acquisition Risk

- GB19 There is a risk that achievement of CCG Commissioning Strategy to reduce reliance on acute care will be more difficult or delayed due to the acquisition of Heatherwood and Wexham Park Hospitals NHS FT (HWPFT) by Frimley Park Hospital NHS FT (FPHFT).

Quality risks covering:

- GB 07 There is a risk that the HWPFT Obstetrics and Gynaecology independent review recommendations are not effectively implemented
- GB09 There are risks associated with RBH not compliant with CQC
- GB11 There are national issues about tier 4 CAMHs capacity, This is resulting in delays in placing extremely risky young people in suitable placements

- GB12 there are a number of safeguarding concerns about a home in Hampshire
- GB13 Serious incidents review at the newly merged Frimley Health relating to HWP services

Operating standards

There are risks to achieving the 18 week, A&E and Cancer targets (GB04; GB05; GB06)

• New risks

- GB10 There has been a number of safeguarding care concerns about a care home in Hampshire.
- GB13 Following the acquisition of HWP by Frimley Park there has been a review of a number of Serious Incidents across departments; the CCGs are awaiting the outcome of this review
- GB20 There is a potential risk to the delivery of QIPP schemes and corporate functions due to a planned reduction in CCG running costs as instructed by NHS England

Summary

There are 21 risks in total

- 1 medium rated risk
- 1 low rated risk
- 11 amber 'high' rated risks
- 08 red 'extreme' rated risks

Recommendation(s)

To discuss and note the risks contained within the Assurance Framework and **close the following risk(s)**

- GB_08- Risk HWP not being compliant with CQC standards – recommendation to close this risk as the CQC Action Plan is now incorporated into the Acquisition Action Plan. The Acquisition Action Plan is monitored through the Quality Overview Committee
- GB_10 Safeguarding concerns relating to a care home in Ascot; the nursing home is now closed; the patients were all found alternative and suitable accommodation for their needs and therefore this risk needs to be closed,
- GB17 There is a risk that due to the pressures arising from transition to the new IFSE Finance system and gaps in capacity and capability in the CSU finance team; the transition period has ended. This risk needs to be closed and a new risk created which exemplifies the current risks in terms of the merger with two other CSUs and continuity of the current service and improvements in service delivering going forward
- GB18 There is a risk that the Commissioning Support Unit will not be in a position to adequately support the CCG in the delivery of its functions, particularly during transition; this risk needs to be closed and a new risk created to reflect the risks relating to the CSU merger and continuity of services during that merger. Risks 18 and 19 are related

Governing Body Assurance Framework Slough CCG February 2015

To significantly reduce under 75 CVD mortality rates by 2% over 5 yrs

Increase people's confidence in managing their LTC to 80%

ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend			
GB_01	<p>This is a risk to the delivery of Urgent Care and long term conditions avoidance scheme. Patient impact: poor patient experience as individual patient may not benefit from the support to help them with their long term condition from the Integrated Care Team and may attend A & E in case of emergency Financial impact: Not achieve the planned savings</p>	Director of Strategy & Development QIPP & Performance Committee	QIPP & Performance Risk Register			3	High	<p>Risk Rated = 9 (27/11/2013) static Risk rated = 9 (24/02/2014) static Risk Rated = 9 (07/03/2014) static Risk rated = 9 (28/07/2014) static Risk reviewed = 9 (27/08/2014) static Risk reviewed =9 (29/10/14) Risk reviewed = 9 (17/02/2015)</p>			
			Date added:	Risk Type	Likelihood						
			09/05/2013	C	3						
			Key Controls:			Key Positive Assurances:					
			Senior Responsible Officer & Project lead identified to lead the implementation and have clear project timeline			Monthly progress report is provided on progress on the implementation of the integrated team at each of the CCG OLT meeting and or their performance group					
			System Resilience board is set up and membership includes all providers and delivery of all the work streams within this programme is monitored closely and actions agreed.			This meets every month and delivery of the projects is being monitored at this board. Joint action agreed with the providers. Additional funds- winter pressure has been assigned to support the delivery of the projects.					
			Each practice has a Non Elective target			This is being monitored at CCG governing body and actions agreed and taken forward to work with outlier practices via the Performance Review Group.					
			Gaps in Control:			Action plan to address gaps in control (with target dates):			Progress against plan to address gaps in control:		
			The planned net saving of approximately £944k is at risk as the month 6 activity is having an adverse effect on the saving and at present the forecast for year end is that there will be a cost pressure.			Extend the Integrated care Teams DoS now available on web App for admission avoidance and other community services			There are now a number of projects that are in place for 2014/15 to address non elective activity including care homes, sheltered accommodation, extended IPCs, PACE, RACC extension		
			ICT teams are now implemented but need to be maintained and developed to increase their impact			Share the impact of ICT team at quarterly CCG educational events Support the QOF Peer Review requirements through best practice learning at GP Council			Clinical champion for long term conditions identified for each CCGs. ACG risk stratification tool being used in all practices with support from the Project manager. QOF and DES services in place across all practices		
Impact of Tele-health Project not known across the whole system			Project Review underway with newly appointed project manager		Initial project review meeting held to refresh the pathways and processes. QIPP bid expected in line with remote monitoring Directed Enhanced services for 2014/15						



	Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:
	Each CCG not cited at present on the implementation of all the projects within this programme	All project managers to provide highlight reports and submit the Urgent care board lead	<u>Update 18/02/2015</u> Highlight reports have been produced and have been submitted onto the Verto System.



Improve patient experience of access in Primary Care and Community services (as measured by Outcome Ambition 6)

ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	
GB_02	Access to primary care is poor especially in some practices and needs to be addressed	Slough CCG	Governing Body meetings	NHS England Area Team		3	Medium	Risk Rating= 9 (25/06/2013) Risk Rating = 9 (20/08/2013) Risk Rating = 9 (17/12/2013) static Risk reviewed = 9 (27/08/2014) Risk reviewed = 6 (17/02/2015)
			Date added:	Risk Type	Likelihood			
			06.11.2012			2		
	Key Controls:			Key Positive Assurances:				
	Prime Ministers Challenge award to improve access to primary care services within Slough Senior Responsible Officer & Project lead identified to lead the implementation and have clear project timeline			Practices across Slough are now open as clusters over evening and weekend to support improved access in primary care Improved local questionnaire to capture real time feedback form patients accessing the extended hours services				
	Primary care strategy steering group and PM fund challenge programme boards set up to monitor and advance plans to improve access in primary care			Member practices and cluster practices will now regularly review patient experience survey feedback and develop improvement plans				
	Slough CCG has submitted an Expression of interest to co commission primary care services with NHS England			Slough CCG EOI has been received positively and we are working on an action plan to develop further our co commissioning plans which include improved patient experience in primary care				
	Gaps in control			Key Positive Assurances				
	Sustainability of continuation of this improved access beyond the current financial year			Demonstrable positive patient feedback with positive delivery on metrics will assure the plans to continue into next year. Utilising the opportunities within the current co commissioning plans with NHS England				
	Gaps in Assurance:			Action plan to address gaps in assurance (with target dates):		Progress against plan to address gaps in assurance:		
Improved quality monitoring with Area team support			Meeting with Area Team responsible officers. Primary care is commissioned by area team and this will be changing with our co commissioning bid		The risk grading relating to access to primary care will be reduced once the primary care access survey results demonstrate real progress and improvement in access to primary care services across Slough; this will provide the assurances required. At this present time the survey results demonstrate that there is improvement to be made. Update 17/2/2015 Extra 20,000 appointments provided since July 2015. Local patient surveys show 98% satisfaction. July 2015 national GPPS awaited.			

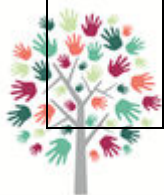


	Review of Slough Walk in Centre	<u>Update 27/08/2014</u> Area team leading on this review and will impact locally on access	Review must be undertaken jointly and working with Area Team on this is a priority
	None		



To achieve financial sustainability as commissioners by achieving best practice in commissioning services (with emphasis on elective and non-elective management)

ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend
GB_03	<p>There is a risk that PLCV project will not deliver the identified savings due to the following reasons:</p> <ol style="list-style-type: none"> 1. Delay in agreeing a clear process with main provider, GRACe & GP practices. 2. From 1/04/13 backlog of patients already listed for treatments requiring approvals. <p>Patient impact: resulting in poor quality and patient experience as a consequence as could result in delays to their proposed planned treatments. Financial impact: not achieving the planned QIPP savings</p>	Associate Director of Business Planning; QIPP & Performance Committee	Q & P committee risk register			3	Extreme	Risk rated = 9 (24/02/2014) static Risk Rated = 9 (07/03/2014) static Risk Reviewed = 9 (28/08/2014) static Risk reviewed = 12 (29/10/14) 17/02/2015 =12
			Date added: 08/05/2013	Risk Type	Likelihood			
Key Controls:				Key Positive Assurances:				
Individual Funding Request (IFR) team in Clinical Support Unit (CSU) in place and developing a new IFR policy which has been agreed and shared with all the CCG's and other stakeholders				The Individual Funding Request policy & process has been agreed with all the CCGs and the Provider. IFR website has been launched and communication sent to all GP and other stakeholders.				
Monthly monitoring of all IFRs				Monthly reports are presented at Q & P committee <ul style="list-style-type: none"> • Number of cases received split by providers , CCG's and specialities • Number of cases logged within 2 working days • Number of decisions sent within 5 working days • Number of communication you department receives for each referrals • Number of decisions approved, declined or other 				
GRACe- Central referral management for all referrals triage specific specialities - they ensure that the referrals under PLCV or Threshold dependant procedures (TDP)				Maintain a data base for all referrals which they triaged and ensure that the Threshold base procedures have approval codes				
Information team have started the challenge process for PLCV & TDP with the main provider				This will ensure that the CCGs are only paying for procedures which have an approval codes.				
Gaps in Control:				Action plan to address gaps in control (with target dates):		Progress against plan to address gaps in control:		
Process and procedures for PLCV & Threshold Dependant Procedures (TDP) are not in place or agreed with all stakeholders				Process and procedures have been developed and are agreed with providers and GRACE		<u>Update - 24/06/2014</u> PLCV process has been agreed with the main secondary provider but the contract for 2014 is yet to be agreed although Heads of Terms to be agreed. Monitoring the		



		<p>implementation of the procedures and how the process is working will commence once the Heads of Terms are agreed.</p> <p><u>Update – 29/10/14</u> Contract with main provider is not signed , consequently the provider is not following the procedure for thresholds and the impact is that the identified savings are unlikely to be achieved.</p> <p><u>Update 17/02/2015</u> The contract is signed however the provider has not agreed the process for thresholds and subsequently the savings will now not be achieved. Moving forward for 15/16 a new process is being agreed to ensure that there is an audit to check that the provider is following our threshold policies. This will mean that they will not need to apply for IFR code for such procedures and that if audit it is found that they are not following policy the commissioner will not pay for that procedure</p>
Awareness in General Practice of the revised process and the principles behind the policy	IFR website has been launched from mid November 2013 - Website has information on to all procedures, process, forms and patient leaflets. This can be accessed by all stakeholders including patients, public and clinicians	Website in place and feedback being sought from the users IFR lead manager has attended each CCG's locality meeting to share the process and learning to date from current referrals from GPs and Acute Trust.
Gaps in Assurance	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:
Monthly reports are not being received from IFR CSU team	This has been escalated to CCG Director of Finance and the Account manager in the CSU	Awaiting reports.



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend
GB_04	There is an underperformance in 18 weeks target by the main provider Heatherwood and Wexham Hospital foundation trust (HWPFT). Patient impact: Delay in patients receiving the planned treatment in time leading to poor patient experience. Financial impact: The planned activity will in-occur pressure on finances. CCG performance: 18 week is a national NHS constitution target and if it is not achieved the CCG will not receive the full quality premium.	Associate Director of Business planning & QIPP	Federated Quality Committee	HWPFT		3	High	Risk Rated: 16 (25/07/2013) Risk Rated 16 (27/11/2013) static ;Risk Rated 9 (24/12/2013) reduced Risk Reviewed = 9 (07/03/2014) static This risk has been re-phrased to clearly articulate the risk. Risk rated= 12 (28/07/2014) Risk Reviewed = 12 (27/08/2014) Risk Reviewed = 12 (29/10/2014) static 17/02/15= 3x3= 9 decrease
			Date added: 230614	Risk Type Operational & Service Delivery	Likelihood			
Key Controls:				Key Positive Assurances:				
Engagement with HWPFT to clear the backlog				HWPFT has 18 week action plan which is monitored at fortnightly Activity & Management group meeting. On-going joint 18 week planning & implementation group meetings are taking place every two weeks and delivery of the action plan will be monitored and discussed at these meetings				
Federated Quality Committee and CCG OLTs				This is reported and monitored at the Federated Quality committee and further actions agreed by the CCGs to improve the progress				
CCG has QIPP - 115 referral target				Each member practice is monitored on the delivery of the 115 referral QIPP target. Actions agreed and taken forward to work with outlier practices via the Performance Review Group.				
Triaging of referrals into the Acute provider				Each CCG triages referral prior to referring into the acute provider and inappropriate referrals are sent back to the clinician.				
18 week standard is a NHS constitution target				Financial penalty is levered to the provider for not delivering the 18 week standards.				
Gaps in Control:				Action plan to address gaps in control (with target dates):			Progress against plan to address gaps in control:	
The CCG does not have sight of the 18 week dashboard to show weekly delivery of the three standards				18 week dashboard being developed by CSU to show weekly performance against each of the 18 week standards.			Draft dashboard is complete and shared with the leads .	
The need to achieve all three targets for non-admitted @95%; admitted 90% and incompletes 92%				The Trust has confirmed that admitted and non-admitted target will be achieved at aggregated level by May 2014 and at speciality level by August 2014. August data shows that Wexham hospital has achieved the admitted at 91.24% and the incomplete at 94.21% and non-admitted was not achieved at 94.61% 17/02/2015 Trust is now achieving the three standards. Jan data admitted – 92%,			The Trust are doing the following: a) Newton work (utilisation)- to ensure that the current capacity is being utilised fully which includes outpatient templates, benchmarking and theatre utilisation New to follow up ratio project	



		non- admitted- 95%, incomplete – 92%. They are not acheivign the standards at all specialties. The key areas of concern are urology, T & O and maxilla- facial.	
	Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend		
GB_05	<p>HWPFT is not meeting the A&E 4 hour performance.</p> <p>Patient impact: results in poor patient experience and could result in delay in appropriate treatment being given at the right time.</p>	Director of Strategy & Development	Federated quality Committee	LA & HWPFT Trust		3	High	<p>Risk Rated 9 (24/02/2014) reduced Risk Rated = 9 (07/03/2014) static This risk has been re-phrased to clearly articulate the risk. Risk = 12 (28/07/2014) increased Risk reviewed = 12 (27/08/2014) static Risk reviewed = 12 (27/10/2014) static 17/02/2015 – 12 static</p>		
			Date added:	Risk Type	Likelihood					
			230614	Operational & Service Delivery					4	
			Key Controls:			Key Positive Assurances:				
			Daily conference call and daily situation reports outline demand and capacity in the system. Regular dialogue with HWPFT on unscheduled care to resolve issues			Daily conference calls- A&E figures are discussed at the morning teleconference and actions agreed for HWPFT park and across the health system with partner agencies. There are weekly discharge meetings to facilitate discharge of complex patients and learning shared across the MDT team.				
<p>There is a System Resilience board which meets monthly. The role of this group is as follows:</p> <ul style="list-style-type: none"> develop clear resilience plan and monitor the delivery of this plan to pilot schemes and feed into the five year and two year operational plan resolve any operational issues <p>Under this group there will be task and finish group which will be set up as required to work on key areas and to resolve issues</p>			<p>It is reassuring that a Remedial Action Plan has now been agreed between the acute Trust and commissioners and the delivery of the plan is monitored at the monthly Contract performance meeting</p> <p>ECIST have been engaged to undertake a full system diagnostic review. This will enable commissioners to target effort and resource in to addressing system factors that are contributing to HWP performance.</p> <p>The Trust has now implemented a new medical model and this provides senior clinician in ED and they have regular ward rounds</p>							
<p>A review of all the Urgent care services across East Berkshire demonstrated that a small cohort of the population consumed a disproportionately high proportion of local resources</p>			<p>This suggested targeted solutions to have a place. As a consequence a number of initiatives were taken forward this year and these include:</p> <ul style="list-style-type: none"> Integrated Care teams across East Berkshire to support complex patients in the community Post-Acute Care Enablement (PACE) – a team to support admission avoidance and facilitate discharge through multi agency working. Funded for 14/15 by WAM CCG & WAM CCG An Extension of the Rapid Access Community Clinic (RACC) as a key alternative to acute hospital by WAM CCG The CCG has commissioned a GP to work at the back end of Trust pathway and in ED to facilitate discharge and avoid admission respectively. The SRG has also invested winter resilience funds to support early discharge and avoid admission. <p>The delivery of the above is closely monitored at the monthly SRG programme board. Transfer care policy and long waiters group has been set up as the task and finish groups are set up as part of the SRG which will ensure smooth flow through the Hospital and support delivery of A & E four performance.</p>							
<p>“Contract Query Notice” has been issued to HWPFT on 19 May 2014 and a remedial action plan (RAP) is in the process of being agreed with the Trust.</p>			<p>The period of implementation and contractual monitoring of this RAP will start from the 7th July 2014 to 7th October 2014. It has been agreed to defer inclusion of the recovery trajectory until 30th July</p> <p>Delivery of this RAP will be performance monitored on a fortnightly basis by the HWP and CCG’s Contract Performance Meeting (CPM)-at Monthly performance meeting and virtually in between meetings. Escalation of any Non- delivery will be via Wexham Park System Urgent Care Board or where applicable contractual sanctions.. The RAP is now closed and the Trust performance has</p>							



		improved																				
The CCG has strategic objective to reduce NEL admission and reduce A & E attendances	The CCG has NEL QIPP target per 1000 wte populations which is closely monitored at the performance review group and actions agreed for outlier practices.																					
Gaps in Control:	Action plan to address gaps in control (with target dates):	Progress against plan to address gaps in control:																				
Urgent care dashboard to identify issues reference capacity and flow across the system and show weekly and or daily performance against identified indicators	This is developed so that the performance can be measured against the leading indicators and actions agreed prior to issues arising relating to poor A& E four performance and it is reported monthly to the SRG programme board	<p><u>Update 27/08/2014</u> In July and August HWP met the 4 hour target the key enabler for this was the Spring to Green initiative in the last week in June; this was an imitative that focused on patient flows through the hospital and unblocking barriers to patient assessment, diagnostics and discharge.</p> <p>The CCGs have commissioned the national Emergency Care Intensive Support Team to provide a diagnostic report to highlight areas for improvement and where improvement has been found both for the acute trust (HWP) and CCGs and the community provider (BHFT).</p> <p>These improvement and any gaps will be discussed at the next Systems Resilience Group to be held in September and an action plan developed. The risk rating remains static until the action plan has been developed and implemented and sustained improvement is visible in meeting the A&E target.</p> <p><u>Update 29/10/2014</u> A & E performance was achieved for September 14 at 95.88%.</p> <p><u>Update 17/02/15</u></p> <table border="1"> <thead> <tr> <th>Apr-14</th> <th>May-14</th> <th>Jun-14</th> <th>Jul-14</th> <th>Aug-14</th> <th>Sep-14</th> <th>Oct-14</th> <th>Nov-14</th> <th>Dec-14</th> <th>Jan-15</th> </tr> </thead> <tbody> <tr> <td>87.93%</td> <td>86.64%</td> <td>92.55%</td> <td>96.40%</td> <td>93.61%</td> <td>95.88%</td> <td>94.67%</td> <td>95.32%</td> <td>92.34%</td> <td>89.56%</td> </tr> </tbody> </table>	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	87.93%	86.64%	92.55%	96.40%	93.61%	95.88%	94.67%	95.32%	92.34%	89.56%
Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15													
87.93%	86.64%	92.55%	96.40%	93.61%	95.88%	94.67%	95.32%	92.34%	89.56%													
Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:																				



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend	
GB_06	Delivery of Cancer standards Patient impact: results in poor patient experience and could result in delay in appropriate treatment being given at the right time	Associate Director of Business planning & QIPP	Federated Quality Committee	HWPFT		3	High	Risk rated= 12 (24/06/2014) Risk reviewed = 12 (28/07/2014) Risk reviewed = 12 (27/08/2014) Static Risk reviewed = 9 (27/10/2014) decreased Updated 12/2/2015= 12 increase	
			Date added:	Risk Type	Likelihood				
				Operational & Service Delivery rational		4			
	Key Controls:			Key Positive Assurances:					
	Cancer Manager at HWWP is now in place and Cancer improvement plan in reviewed internally by the Trust each week			An updated of the review process is included with the 18 week Situation Report and bi weekly meetings take place with the Trust.					
	Cancer targets are monitored at Clinical Quality Review Group meeting with HWPFT and this is reported to the CCG federated quality committee.			The performance is analysed and issues identified. Actions agreed with Trust and where appropriate audits undertaken. These have identified issues with Urology and breast pathways. Further work is underway to develop action plan to improve the performance of the cancer standards.					
	CSU have identified a new Cancer support for service improvement work to work with Clinical lead identified jointly between three CCGs in east Berkshire.			Meeting in place to review improvement priorities for CCG Cancer lead and support to focus on.					
	Gaps in Control:			Action plan to address gaps in control (with target dates):				Progress against plan to address gaps in control:	
	2 week referral rates have increased;			Update 27/08/2014 Peer Reviews for key tumour sites have been completed; Associate Director of Business Planning and QIPP was a member of the Peer Review Panels – actions rising from the reviews will be consolidated into action plans. A Local Implementation Group for Cancer will be set up in October and Chaired by Lise Llewellyn, Director of Public Health.					
	Overall Cancer performance is not meeting required standards for 31 days and 62 days cancer targets			Update 27/08/2014 Still awaiting action plan from HWP and has been requested by Clinical Quality Review Group. Update 29/10/14 Action plan has been received and progress monitored at CQRG. August data shows that the performance has improved for most of the standards. Update 17/02/15 62 day and 31 day cancer has not been achieved and Trust post-merger has agreed a trajectory to achieve the standard from 1 July 2015				The performance of the cancer target is reviewed and actions discussed at the monthly contract performance meeting. The Trust has an improvement action plan in place. .	



	Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:



**Improve patient experience of access in Primary Care and Community services (as measured by Outcome Ambition 6)
 Improve patient experience (Friends & Family Test) and improve experience of care in a hospital setting**

ID No	Risk Description:	Lead Committee:	Source:	East/West/Both	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend
GB_07	There is a risk that the HWPFT Obstetrics and Gynaecology independent review recommendations are not effectively implemented resulting in delays to improving services, standards and tackling identified problems	Quality	CQRG meetings	EAST	4	12	Extreme	Risk Rating 8 (02/01/2013) 8 (27/02/2013) Risk Rating 8 (28/06/2013) Risk Rating = 16 (25/08/2013) increased
			Date added:	Risk Type	Likelihood			Risk Rated: 16 (11/09/2013) (08/10/13) static (22/11/13) Static Risk Rated 16 (07/04/2014) static
			16.6.2011	Clinical risk	3			Risk has been reviewed and decrease likelihood to 3 = 12 (04/08/2014) Reduced 15/9/14 No change in the risk rating 20/11/14 No change in the risk rating 2/1/15 No change to risk rating 15/02/2105 no change in risk rating



	Key Controls:	Key Positive Assurances:	
	Maternity specifications setting out the key requirements for service standards and targets	Tim Draycott Senior Lecturer in Obstetrics & Gynaecologist, University of Bristol / Consultant Obstetrician has undertaken a follow up review of the O&G service which originally took place in late 2011; following on from that review an action plan was produced which addressed the issues identified. In 2013 Tim Draycott was invited to review the progress to date and his review document has now been shared with Director of Nursing CCGs, Quality Lead CCGs, Area Team NHS England. NHS England and CCGs have agreed to commission an independent review of the service via the Royal College of Obstetrics and Gynaecology.	
	Maternity dashboard - key performance indicators - regular reports to CQRG - presentations	Key performance indicators such as birth to midwife ratios remain (08/10/13) within national guidelines 1:31 C-section rates and VBAC were improving but more recently they have deteriorated due to anxiety relating to serious incidents the Trust is undertaking an audit of elective C-sections and reviewing their current dip in performance reporting back to the Joint CCG / HWPFT CQRG meeting .	
	Maternity quality standards are included in Schedule 3 part 4 of the contract	Daily labour ward review looking at unplanned sections and any adverse events. New labour ward consultant instigating skills drills training programme	
	Robust performance management of senior medical staff within the maternity department	Due to the number of senior medical staff involved the Trust has produced plans to ensure that the 98 consultant hours on labour ward are protected. There is likely to be an impact on elective non urgent Gynaecology the Trust will outsource this work. HR procedures completed and staff have returned to work, some restrictions remain in place.	
	20/11/14 Joint working with the Frimley site Consultants.	Frimley Health are creating an integration and improvement plan which will take into account the outstanding issues, this will be available in January.	
	Gaps in Control:	Action plan to address gaps in control (with target dates):	Progress against plan to address gaps in control:
	There has been a cluster of maternity serious incidents that have emerged lately and are currently being investigated Tim Draycott, - these were between June and July 2013	There is a review of the incidents	See Exec summary and previous risk registers
	Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:
	No gaps in assurance as the Director of Nursing called Area Team - Assistant Director of Nursing to discuss cases and confirm the presentation to the Quality Surveillance Group	There is a presentation of the quality issues at HWP at the Quality Surveillance Group - 4th July with the Area Team / CQC and Monitor; actions have been identified and are being monitored through the Quality Surveillance Group and locally at CCG level through the Joint Quality Committee A Risk Summit will be held on	See Exec summary and previous risk registers



		<p>30th September in Slough and the outcome reported to the Quality Committee in October and to Governing Bodies.</p> <p>A Risk Summit will be held on the 14th of January and the outcome reported to the Quality Committee and to Governing Bodies in February 14.</p>	
<p>Executive summary</p>	<p>Update 15/1/2015</p> <p>The number of maternity SIRI are a mean of 0.6 from April to Dec 2014. There was a peak of 3 in Oct. The mean for Frimley park is also 0.6 and 1.1 for RBH. In the period of Jul 13 – Dec 14, HWPH have had less admissions to NICU than RBFT, although over twice as many as FPH. The O & G meeting continues to monitor maternity services. The head of maternity for Frimley has now taken over responsibility for the WPH site as well.</p> <p>This risk was first identified in June 2011.</p> <p>The Quality team have been monitoring all the SIRI involving the maternity unit. In 2014 there was a change in the clinical and management structure. In December 2013 there was a review by the Royal college of Obs and Gynae. There is a monthly Obs and Gynae meeting which the CCG attends. The monthly maternity dashboard is reviewed by the CCG.</p>		



D No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend
GB_08	Risk HWP not being compliant with CQC standards	Director of Nursing	CQC contact	Monitor, CQC & HWP		4	Extreme) Risk rating = 16 (22/11/2013) Risk rated = 16 (04/02/2014) (static) Risk Rated = 16 (07/04/2014) static Risk has been review = 16 (04/08/2014) static 15/9/14 No change in risk rating RECOMMENDATION TO CLOSE THIS RISK
			Date added:	Risk Type	Likelihood			
			May-13	Clinical risk		4		
Key Controls:				Key Positive Assurances:				
Quality Surveillance Group with attendance from NHS England and CCGs, regulators, local authorities and Health watch reviewing quality of HWP				HWP responding to those concerns and putting actions in place regular Walk-about within the trust undertaken by clinical lead for three CCGs and Director of Nursing . Action plan monitored at the monthly CQRG meetings and CCG DON invited to lead a mock inspection at the beginning of October 2013. Evidence that escalation protocol adhered to during recent periods of increased demand.				
Risk Summit has been organised with regulators such as CQC, Monitor, NHS England, CCGs held				The Risk summit was held on the 30 th of July, HWP formally responded via comprehensive action plan addressing the gaps in the CQC standards, The Area Team has agreed as part of the escalated monitoring that they will support the CCG by attending the Joint Quality Committee and CQRG and a follow-up risk summit will be held at the end of September. Follow up risk summit held action plan submitted Follow-up summit was held on the 30 th of September information to progress was not available and meeting deferred to December 14. December risk summit held without the Trust due to the revisit from the CQC in October 2013 and the delayed publication of the report.				
Gaps in Control:				Action plan to address gaps in control (with target dates):		Progress against plan to address gaps in control:		
NO gaps in controls as Quality Surveillance Group is monitoring HWP; Risk Summit has been held; CQC monitoring implementation of action plan; Monitor reviewing the actions being taken; CCGs monitoring through the monthly Clinical Quality Review Group Chaired by Dr Jackie McGlynn and the Joint Quality Committee chaired by Dr Adrian Hayter				To note that the CCGs have established an Urgent Care Board with partners including local authorities, providers and commissioners to tackle pressures in HWP A&E and to tackle capacity issues in the acute trust and the community		HWPFT has submitted evidence and a plan to be compliant with the CQC improvement notices and enforcement action; however the Trust is awaiting a decision by the CQC with regard to compliance. CQC have indicated that they will return to the Trust in the near future to check that the required improvements have been made. The work to increase physical and staffing capacity within the A+E department continues against trust plans and the key A+E indicators have improved significantly during October following the implementation of the rapid senior assessment model		
Gaps in Assurance:				Action plan to address gaps in assurance (with target dates):		Progress against plan to address gaps in assurance:		
No gaps in assurances as there is a long list of agencies and regulators who are monitoring HWP actions to improve standards of care, this is being coordinated via the risk summit processes.				A further Risk Summit is organised for 30 th September in Slough and on 14 th January 2014		The Risk Summit held on 14 th Jan 2014 received the draft action plan and agreed the support and monitoring requirements for the Trust. The support packages include an Improvement Director to work inside the Trust monitoring interventions and actions on a weekly basis and a group of key regulators and commissioners who will meet to review the implementation of the action plan on a regular basis.		





Update 19/06/2014

HWPFT was inspected by the Care Quality Commission (CQC) in February

under the new CQC inspection regime and the third report was published on the 01.05.2014. The findings of the inspection led the CQC to recommend to Monitor that the Trust should be placed in Special Measures, and Monitor accepted. The requirements for Special Measures include a Monitor appointed Turnaround Director and a Buddy arrangement with a trust judged 'good' by CQC (Frimley Park Hospital Foundation Trust, FPHFT). The Trust has responded to the judgement and subsequent 'Special Measures' in an open manner, and accepting help and support from the Improvement Director and their 'buddy trust. The Trust also emphasised the improvements that have made since the two previous CQC inspections, this was acknowledged by regulators and commissioners. The trust action plan is monitored weekly by the Trust and the Improvement Director and is overseen monthly by commissioners and regulators. There is an oversight group monitoring improvement plan, and a new focus on six key areas, patient safety, patient experience, governance, elective access, workforce and culture and patient flow.

Update 04/08/2014

The risks relating to CQC will exacerbate if there is a delay with the acquisition of HWP by FPH, as senior management positions are currently covered by interim posts that are soon to come to an end. There are on-going issues with recruitment and retention whilst there are only 50% of consultants in post in A&E; the Trust has managed to recruit a significant number of consultants in other areas. The key issues for the Trust are Leadership and senior management continuity.

Update 15/9/14

Despite high turnover of senior leadership action plan appears to be being delivered, however, in view of the lack of stability within the senior management team and the uncertainty relating to acquisition.

Update 19/02/2015

The risk will be closed as the CQC Action Plan is now incorporated into the Acquisition Action Plan. The Acquisition Action Plan is monitored through the Quality Overview Committee.

ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend
GB_09	<p>There are a number of areas of concern at the Royal Berkshire Hospital. These are not being compliant with CQC inspection. The CQC judged that the Royal Berkshire Trust requires improvement. They rated it good for being caring and effective but improvement was required in providing safe care, being responsive to patients' needs and being well-led.</p> <p>There have been a high number of falls with harm. The Royal Berkshire Hospital have had 8 falls per Quarter causing serious harm in Q4 2013/14 and Q1 2014/15.</p> <p>The RBH have recorded a number of Never events.</p> <p>There have been a number of SIRI, including maternity incidents and ophthalmology waiting times</p>	Director of Nursing	CQC Inspection Report	West Berkshire CCGs		16	Extreme	<p>New Risk = 12 (04/08/2014) 20/11/14 no change. 2/1/15 This risk is higher due to a number of clinical incidents. ↑16 Risk rated 15/02/2105 no change</p>
			Date added: 06/08/2014	Risk Type: Clinical risk	Likelihood			
Key Controls:				Key Positive Assurances:				
A quality summit with representation from the Trust's relevant CCGs, Area Team and Monitor was held prior to publication of the report. The Trust submitted a formal response to the CQC report and the Trust is required to				Monitor, the Area Team and CQC all attended the Risk Summit and the Trust' action plan will be reviewed by the CQC.				



	produce an action plan before the end of July 2014	
	The action plan will be monitored via the Berkshire West CCG's quality review group which has representation from the CCGs within Berkshire East.	The CQC will assess the Action Plan submitted by the Trust in response to their report.
	CQRM meeting and SIRI panel meeting to monitor actions	Representation from CCG's in the east at CQRM
	Gaps in Control:	Action plan to address gaps in control (with target dates):
	16/1/15 Change in management responsibilities due to restructure	Director of Nursing to have the quality and safety portfolio
		Progress against plan to address gaps in control: <u>Updated 15/9/14</u> The action plan is being monitored through the RBFT CQRM process and the West CCGs Exec to Exec meetings with the Trust.
	Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):
	16/1/15 Governance structure	To review Governance structure by New CEO and Executive team.
		Progress against plan to address gaps in assurance: <u>Updated 20/11/14</u> Action plan is not completed and CQC have not reassessed yet.
Executive Summary	This risk was identified in August 2014 when the CQC reported on the RBH. Since that time a number of other concerns have been raised around falls, maternity and ophthalmology, the risk has therefore been changed to reflect this in January 2015. Inappropriate management of ophthalmology outpatient "To be Scheduled" waiting list. Identified approx 2900 outpatients on the list who are showing as waiting beyond their due dates for follow up appointments back to February 2013. This list is currently un-validated; therefore many of these cases may be administrative error rather than genuine breaches. The numbers of maternity SIRI are a mean of 0.6 from April to Dec 2014. There was a peak of 3 in Oct. The mean for Frimley park is also 0.6 and 1.1 for RBH. In the period of Jul 13 – Dec 14, HWPH have had less admissions to NICU than RBFT, although over twice as many as FPH. The risk has therefore been increased.	



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend				
GB_10	There has been a number of safeguarding alerts and care concerns about a Nursing home in Ascot. At present there are 8 Continuing Health care patients in the home. The RBWM and the CQC have been working closely with the home and an interim turn around manager has been appointed.	Sarah Bellars / Director of Nursing	Safeguarding	RBWM and CQC	4	16	Extreme	NEW RISK 10/10/2014 19/02/2015 Recommendation to close this risk				
			Date added: 16/10/14	Risk Type	Likelihood							
				C	4							
			Key Controls:						Key Positive Assurances:			
			There is an action plan which is monitored by the RBWM contracts team and CQC have done a 2 day inspection visit and require improvement.						Interim manager in place who has experience in turning around care Homes.			
			CHC have contingency plans in place if CHC patients have to be removed from the home.						CHC are reviewing these plans in October.			
			Gaps in Control:						Action plan to address gaps in control (with target dates):		Progress against plan to address gaps in control:	
			A number of Agency staff are having to be used in the home.						RBWM monitoring this		<u>Update 19/02/2015</u> The nursing home is now closed The patients were all found alternative and suitable accommodation for their needs.	
			Gaps in Assurance:						Action plan to address gaps in assurance (with target dates):		Progress against plan to address gaps in assurance:	
No gaps in assurance												



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend
GB_11	There are national issues about tier 4 CAMHs capacity, this may well be being made worse by inappropriate admissions being made in the first place, with no effective gate keeping with poor case management monitoring leading to longer lengths of stay, with potential disincentives for early discharge. This is resulting in delays in placing extremely risky young people. BHFT clinicians spending time finding placements and away from patients. Young people eventually being placed very significant distances from home- impact on family breakdown. Increased risk of suicide. NHS England commissions Tier 4. BHFT provides Tier 3 CAMHs. There is currently a lack of capacity in NHS England to provide case management at Tier 4.	Sally Murray CSCSU. Louise Doughty NHS England. Sarah Bellars. Katie Simpson.	CSCSU & BHFT	NHS England BHFT LAs	4	12	Extreme	Risk Rated = 12 (12/07/2013) New Entry 15/9/14 No change to risk rating 2/1/15 No change in risk rating 15/02/2015 No change in risk rating =12 17/02/2015
			Date added:	Risk Type	Likelihood			
			12/07/2013	C	3			
Key Controls:				Key Positive Assurances:				
Director of Nursing has responsibility for safeguarding				Matter raised with Julie Kerry, Assistant Director of Nursing, Patient Experience, and South of England Mental Health Homicide Lead, Thames Valley Area Team, NHS England.				
NHS England has responsibility for commissioning Tier 4 beds				On-going discussions with NHSE				
BHFT has responsibility for providing Tier 3 CAMHs. CSCSU supporting.								
Gaps in Control:				Action plan to address gaps in control (with target dates):		Progress against plan to address gaps in control:		
Lack of beds nationally				with NHSE. Options appraisal work underway for service redesign for Berkshire Tier 3.5 service to reduce demand for Tier 4 beds and speed up repatriation. Appraisal to be available by Sept 1st.		12-7-13 long list of options identified. Short list with SWOTs due 25 July		



	Lack of care coordinators in NHS England monitoring placements	NHSE compiling list of all Berkshire pts with details of care coordinator and date of last review to assess risk by end July. Previously this work was undertaken by CSCSU .CSCSU continues to keep list of Berkshire YP in OOA placements.	List update 11-7-13
	Lack of local beds	Assess viability of Berkshire Tier 3.5 CAMHs service. CSCSU, NHSE and BHFT working to establish a Thames Valley care pathway centred around Highfield Oxford Unit.	Options appraisal work underway for service redesign for Tier 3.5 service. Appraisal to be available by Sept 1st.
	Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:
	NHSE indicating that there are no additional resources to enter into a jointly commissioned Tier 3.5 admissions avoidance service in Berkshire.	Develop options appraisal for CCGs and NHSE.	<u>15/9/14</u> The NHS England Tier 4 review has reported and NHS England proposals for a way forward are scheduled to be announced in October 2014
Executive Summary	<p>Updated 15/1/15</p> <p>The service is being reviewed and commissioners are investing money in the service to support it. The NHS England Tier 4 review has reported and NHS England proposals for a way forward are scheduled to be announced in October 2014</p>		



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend					
GB_12	There has been a number of safeguarding care concerns about a care home in Hampshire. There were 3 patients in the home from east Berkshire. Suitable placements are being sort for these patients.	Sarah Bellars / Director of Nursing	Safeguarding	RBWM and CQC		4	16	Extreme	New Risk = 16 19/02/2015				
			Date added:	Risk Type	Likelihood								
			15/1/2015	C	4								
			Key Controls:			Key Positive Assurances:							
			BHFT are involved in the assessment care plan to move these patients as commissioned by the CCG.			Plans are being developed to move these patients to suitable placements							
			Under Serious Concerns process the NHS element is being led by the Wessex Area Team Director of Nursing.			Regular Quality Summits							
			Gaps in Control:			Action plan to address gaps in control (with target dates):				Progress against plan to address gaps in control:			
			Suitable placements being available			Led by Wessex Area Team							
			Gaps in Assurance:			Action plan to address gaps in assurance (with target dates):				Progress against plan to address gaps in assurance:			
No gaps in assurance													
Executive summary	15/2/15 Placements have been found for 2 of the residents and the 3 rd may stay at the home as it is not being closed but the number of beds reduced.												



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend	
GB_13	Following the acquisition of HWP by Frimley Park there has been a review of a number of the SIRI and outlying directors which has revealed that there are patients who may have not received the treatment that they have needed in a timely way.	Director of Nursing	SIRI; CQRM			4	Extreme	New Risk: risk rated 16 Extreme 11/01/2015 No change to risk rating = 16 19/02/2015	
			Date added:	Risk Type	Likelihood				
			11/01/2015	C		4			
	Key Controls:				Key Positive Assurances:				
	SIRI Panel Meeting to monitor the cases				Frimley Park consultants are reviewing HWP's SIRI cases				
	Clinical Quality Review Meeting will monitor trends and progress of improvements made to services								
	Gaps in Control:				Action plan to address gaps in control (with target dates):		Progress against plan to address gaps in control:		
	None								
	Gaps in Assurance:				Action plan to address gaps in assurance (with target dates):		Progress against plan to address gaps in assurance:		
	Still awaiting the completion of the reviews and action plan								



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend
GB_14	Risk that the same Better Care Fund outcomes are not achieved	Head of Operations Slough CCG	BCF project	Slough Borough Council SLOUGHCCG / BACCG		3	9	High
			Date added:	Risk Type	Likelihood			
			20/08/2014	Operational risk		3		
Key Controls:				Key Positive Assurances:				
A shared agreement on the governance of the Better Care Fund Programme.				Governance structure established and operating to support delivery through a Joint Commissioning Board meeting quarterly and a BCF delivery group meeting fortnightly to oversee progress. The JCB then reports to the Slough Wellbeing Board. A section 75 pooled budget agreement will be in place outlining spend and risk share arrangements and have an assigned pooled budget manager.				
Updated Better Care Fund plan submitted Sept 2014 to DH in line with revised guidance.				Better Care Fund plan was formally approved in December following submission and the Nationally Consistent Assurance Review process. National programme is supported through further regional implementation support workshops and .				
Programme Manager in post to plan and manage delivery of programme of activity in line with the plan				In place and is now leading on the programme of work				
Gaps in Control:				Action plan to address gaps in control (with target dates):		Progress against plan to address gaps in control:		
None								
Gaps in Assurance:				Action plan to address gaps in assurance (with target dates):		Progress against plan to address gaps in assurance:		
An Internal Audit Review of BCF planning is to be confirmed								



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend		
GB_15	Delivery of QIPP Programme Patient impact: poor patient experience as QIPP project support the delivery of reducing waiting times and a provide care at the right time at the right place. Financial impact: Not achieve the planned savings.	Associate Director of Business planning & QIPP	OLT			3	High	New Risk = 9 24/06/2014 Risk rated = 9 (27/07/2014) static Risk rated = 9 (27/08/2014) static Risk rated = 9 (23/10/2014) static Risk rated = 12 (23/10/2014) increased Risk rated = 12 static 26/02/2015		
			Date added:	Risk Type	Likelihood					
			23/06/2014	Service redesign & Finance		4				
			Key Controls:			Key Positive Assurances:				
			Ownership of the QIPP programme			The delivery of QIPP projects are being monitored at the CCGs monthly Operational Leaders Team (OLT) meeting where all the high risk rated projects are discussed and further actions to take to bring the delivery of the project inline to deliver the benefits				
			Each project has a clear governance structure and agreed project development phase			Each project has a Clinical lead, Senior Responsible Officer & Project lead identified to lead the implementation and delivery of the project benefits				
			Each project has leading and lagging indicators and these are monitored and reported on a monthly basis to the CCG OLT meeting			Monthly QIPP programme report is provided for each CCG which highlights all the projects which are risk rated red and mitigating actions being put in place.				
			The CCG has referral target which monitors the activity referred into the acute providers			This is being monitored by the CCG's performance group/clinical leads meeting and actions agreed and taken forward to work with outlier practices via the Performance Review Group.				
			The CCG has non elective performance target which supports the reduction in non- elective activity so that patients are provided with care in the right setting.			This is being monitored by the CCG's performance group/clinical leads meeting and actions agreed and taken forward to work with outlier practices via the Performance Review Group.				
			Gaps in Control:			Action plan to address gaps in control (with target dates):			Progress against plan to address gaps in control:	
Project reporting- This is currently done using monthly highlight report and heavily relies on manual checking of all updates and then consolidating it in a programme a programme report. Each CCG not cited at present on the implementation of all the projects within this programme			Task and finish group is set up for Project software so that project and programme reports are provided electronically. The plan is to recommend project software by the end of June to the CCGs. Project software to be in place by end of Q2.		Task & finish group is meeting weekly and has identified criteria for the project software to be assessed against so that the appropriate recommendation can be made.					
Gaps in Assurance:			Action plan to address gaps in assurance (with target dates):		Progress against plan to address gaps in assurance:					
QIPP is forecasting a shortfall			CCG to identify new QIPP schemes to bridge the gap; <u>Updated 23/10/2014</u> The CCG is reviewing investments held in reserve and 'walked through all the reserves with a decision being made either to postpone investment and release reserve or commit to the investment. (relates to WAM CCG)		Investments are held in reserve and only released when required. Ongoing and new projects are added as and when they are developed and identified <u>26/02/2015</u> BACCG is currently reviewing its reserves; WAM CCG and Slough CCG have reviewed their investment held in reserves. Principles of risk					



		WAMCCG will undertake this work BACCG is not required to undertake this work.	sharing agreed by BACCG. During October to January all project managers and staff involved in QIPP schemes have received in training in Verto – project management software and are recording QIPP mandates in Verto for 2015/16.
--	--	--	--



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend	
GB_16	Financial risks associated with specialised commissioning and NHS Property services resulting in financial pressures facing Slough CCG	Chief Financial Officer	Finance reports			3	9	High	New risk = 12 (20/08/2014) Static risk 31/10/2014 Static risk 26/02/2015 Risk Reviewed = 9 (26/02/2014) static
			Date added:	Risk Type	Likelihood				
			20/08/2014	F		3			
	Key Controls:				Key Positive Assurances:				
	Meetings with Wessex Area Team planned and organised and on-going – negotiations have taken place over the past 4-5 weeks.				None				
	Negotiations with NHS Property Services are on-going				None				
	Gaps in Control:				Action plan to address gaps in control (with target dates):		Progress against plan to address gaps in control:		
	NHS Property Services has issued billing schedules which details an annual estimate of voids, subsidy and rental costs for Slough CCG totalling £772k				The CCGs have had an initial meeting with NHS Property Services; the CCGs are now doing a comparison between NHS Property services charges and BSS service charges to understand the differential between historic methodologies used by Berkshire Shared Services and the methodologies being used by NHS Property Services.		Another meeting is scheduled for 24 th September with NHS Property Services. Further meetings have been held throughout October and will be through to November 2014. UPDATE Feb 2015 Discussions with NHS PS continue around the voids and subsidies. The values in the schedules have been fair-shared across the three CCGs and provided in full at month 9, although no invoices have been settled. A further issue identified is that funding related to the property running costs was transferred to NHSCB following the baseline exercise in 12/13. This issue is being flagged nationally.		
	Negotiated with Specialist Commissioning since the end of June a number of meetings have been held between Wessex Area Team and the CCGs .				Despite robust challenge and documented evidence an adjustment has been agreed with the Area Team resulting in a revenue resource reduction of £444k; that adjustment relates to local trusts; there is a potential risk that remains around London Trusts which Wessex Area Team strongly support no adjustment required		UPDATE Feb 2015 The Thames Valley CCGs with support from Optum reached an agreed settlement with NHS England for the London trusts, and final adjustments for specialised commissioning were agreed and these were processed on month 8 (Nov 15). Therefore this element of the risk is recommended to be closed		
	Gaps in Assurance:				Action plan to address gaps in assurance (with target dates):		Progress against plan to address gaps in assurance:		



Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:
<p>External assessment of CSU performance <u>Update 23/10/2014</u> The CSU finance team has made progress with regard to processes around month end; however still have some concerns about quality assurance of the work</p>	<p>Recommendation that Internal audit include a review in their Audit Plan</p> <p><u>Update 23/10/2014</u> CSU have reviewed the financial timetable; taken away the learning from last month to put in place improvement processes; the new timetable is being reviewed by Deputy CFO and appropriate feedback will be given</p>	<p><u>Update 27/08/2014</u> Audit Committee has reviewed both the Internal Auditors report on the CSU concentrating on how the CCGs manage the CSU SLA. A service auditors report on the CSU was presented to the Audit Committee on 13th June 2014 and the Audit Committee noted the contents of the Service Auditors report but requested from the CSU a response to that report in terms of what issues / concerns affected East Berkshire CCGs rather than all CCGs. Further discussions will take place at the Audit Committee.</p>



ID No	Risk Description:	Lead	Source:	Other Partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend
GB_17	There is a risk that due to the pressures arising from transition to the new IFSE Finance system and gaps in capacity and capability in the CSU finance team, the robustness of financial control could be reduced leading to the reporting of inaccurate figures to CCG Governing Bodies	Chief financial Officer	Finance analysis			3	Low	Risk Rated = 9 (04/02/2014) Decreased Risk Rated = 9 (25/04/2014) static Risk Reviewed =9 (28/07/2014) static Risk Reviewed = 9 (21/08/2014) static Risk Reviewed = 9 (23/10/2014) static Risk Reviewed = 3 (26/02/2014) static Recommendation to close this risk
			Date added: Jul-13	Risk Type	Likelihood			
				F		1		
Key Controls:			Key Positive Assurances:					
Monthly Ledger Closedown process			CFO chairs a monthly detailed review of management accounts, challenging accuracy and robustness and seeking to understand unexpected variances					
Monthly CSU SLA Monitoring Meeting			Monthly SLA meeting enables performance issues to be raised with any CSU SLA service Line					
CSU escalation process			CCG can escalate concerns to CSU CCG executive lead, or functional executive lead at any Time					
Audit of internal Control			Internal and External Audit process will post hoc review the robustness of controls and test the accuracy of figures. Unqualified Audit report for 13/14 accounts identifying no apparent material misstatements or inconsistencies identified in the course of the audit work.					
Gaps in Control:			Action plan to address gaps in control (with target dates):			Progress against plan to address gaps in control:		
People – increase capacity and skills by appointing additional resource and sharing CSU expertise			Interim Finance Relationship Manager Team Reorganisation (April 14) Shared resource across Bucks and Berkshire East Service Auditor Report			Interim Finance Relationship in place, Team reorganised following Yearend with shared resource. 13/14 Service Auditor report for CSCSU received. Action from audit committee with CSCSU to respond to the specific actions and implications of this report.. <u>Update 23/10/2014</u> Senior financial accountant presented to the Audit Committee the key findings of the Service Auditors report and confirmed key controls would be reviewed at 6 months and CCGs would be able to comment on the controls selected for review.		
Process – tighten CSU Internal Control			Development of Internal Controls – Internal Audit New Board Report (May 2014) Corporate Reporting (June 14) Established Internal Provider performance review meeting (July 14)					
Reporting – increase accuracy, timeliness and relevance			<u>Update 23/08/2014</u> The above reporting has been in place since August Provider performance review meeting is now in place Corporate reporting is now in place for BACCG – the October report will be available in November for WAM CCG and WAM CCG					



Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:
<p>External assessment of CSU performance <u>Update 23/10/2014</u> The CSU finance team has made progress with regard to processes around month end; however still have some concerns about quality assurance of the work</p>	<p>Recommendation that Internal audit include a review in their Audit Plan</p> <p><u>Update 23/10/2014</u> CSU have reviewed the financial timetable; taken away the learning from last month to put in place improvement processes; the new timetable is being reviewed by Deputy CFO and appropriate feedback will be given</p>	<p><u>Update 27/08/2014</u> Audit Committee has reviewed both the Internal Auditors report on the CSU concentrating on how the CCGs manage the CSU SLA. A service auditors report on the CSU was presented to the Audit Committee on 13th June 2014 and the Audit Committee noted the contents of the Service Auditors report but requested from the CSU a response to that report in terms of what issues / concerns affected East Berkshire CCGs rather than all CCGs. Further discussions will take place at the Audit Committee.</p> <p><u>Update Feb 2015</u> CSU have been approved to be on the provider framework and merging with South and South West on the 1st April 2015, which should increase resilience. Staff turnover in CSU remains a risk to delivery, and is discussed at monthly SLA Meetings. Recommendation to close this risk as the risk will be reframed in light of the merger and current support provided to CCG.</p> <p>(</p>



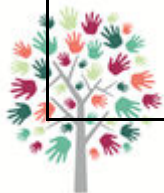
ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend	
GB_18	There is a risk that the Commissioning Support Unit will not be in a position to adequately support the CCG in the delivery of its functions, particularly during transition.	Chief Financial Officer	WAM Risk Register	West CCGS	4	8	High	Risk Rated: 8 (10/05/2013) Risk Rated 8 (25/07/2013) – Risk Rated 8 (25/10/2013) Risk Rated 8 (25/02/2014) Risk Rated = 8 (25/04/2014) static Risk Reviewed = 8 (24/06/2014) static Risk Reviewed = 8 (02/03/2015) static Recommendation to close this risk	
			Date added:	Risk Type	Likelihood				
			10/05/2013	O	2				
	Key Controls:				Key Positive Assurances:				
	SLA with CSU including KPI				Positive Feedback from CCGs on communications, service redesign team.				
	Operational Management Meetings between service redesign and CCG teams								
	CFO & Head of Corporate Affairs attend SLA meetings and feedback issues to be addressed								
	List of project and programme leads for each QIPP Project finalised and agree								
	Federated approach to interface and management of SLA agreed								
	Gaps in Control:				Action plan to address gaps in control (with target dates):		Progress against plan to address gaps in control:		
Lack of sufficient capacity in the Service Redesign team to produce projects end to end drawing in the expertise of other CSU personnel such as procurement; contracts; stakeholder engagement and governance				Discussions with the CSU at SLA meetings about the SLA for 2014/15 and the need for a more robust and sustainable approach to service redesign and equally the CCGs will ensure that there are appropriate sign off arrangements in place for projects. A review of service redesign will take approx. 3 months.		A joint Governing Bodies workshop was held on 30 th April 2014 to discuss with governing body members the CSU SLA; in particular costings for each service, overhead charges and what they cover as well as service delivery requirements will need to be shared with GB members to obtain a steer on negotiations with the CSU.			
Lack of sufficient capacity and expertise in the communications and engagement team; with a focus on communications rather than on innovative and creative means of engaging with the public and stakeholders				Discussions with the CSU at the SLA meeting held on 24 th February arrived at a conclusion to undertake a review of the communications and engagement needs of the CCGs. The Associate Director of Communications and Engagement (Helen Peggs) will arrange for a consultant to interview staff throughout the CCGs on their particular needs. This review will support the new communications and engagement structures put in place but will take approx. 3 months.		A joint Governing Bodies workshop was held on 30 th r April 2014 to discuss with governing body members the CSU SLA; in particular costings for each service, overhead charges and what they cover as well as service delivery requirements. Notice on the communications SLA to the CSU has been served and the recruitment of an in-house Associate Director of Communications has been completed. The Associate Director of Communications and Engagement is taking a paper to each Operational Leadership Group on the new structure and costs associated with the in-house communications and engagement team. A new Service Redesign Team is now in place <u>Update 31/10/2014</u> The communications and engagement function has now transferred to the CCGs; from 1 st October the Quality Team transferred to the CCGs and FoI has been taken back in house from 1 st October. There are still concerns about the Finance function and an SLA meeting held in			



		October focused on improvements made to date with regard to finance and further improvements required. The risk rating remains the same until further improvements are evident.
Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:
External assessment of CSU performance	Recommendation that Internal audit include a review in their Audit Plan	<p>Audit Committee has reviewed both the Internal Auditors report on the CSU concentrating on how the CCGs manage the CSU SLA . A service auditors report on the CSU was presented to the Audit Committee on 13th June 2014 and the Audit Committee noted the contents of the Service Auditors report but requested from the CSU a response to that report in terms of what issues / concerns affected east Berkshire CCGs rather than all CCGs. Further discussions will take place at the Audit Committee.</p> <p><u>Update 31/10/2014</u> Senior financial accountant presented to the Audit Committee in September 2014 the key findings of the Service Auditors report and confirmed key controls would be reviewed at 6 months and CCGs would be able to comment on the controls selected for review.</p> <p><u>Update Feb 2015</u> CSU have been approved to be on the provider framework and merging with South and South West on the 1st April 2015, which should increase resilience. Staff turnover in CSU remains a risk to delivery, and is discussed at monthly SLA Meetings. Recommendation to close this risk as the risk will be reframed in light of the merger and current support provide to CCG.</p>



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend
GB_19	There is a risk that achievement of CCG Commissioning Strategy to reduce reliance on acute care will be more difficult or delayed due to the acquisition of Heatherwood and Wexham Park Hospitals NHS FT (HWPFT) by Frimley Park Hospital NHS FT (FPHFT).	Eve Baker	Governing Body	B&ACCG, WAMCCG, Slough CCG, Chiltern CCG	3	3 x 3 =9	High	New Risk = 9 (19/06/2014) Risk Rated = 9 (04/08/2014) static Risk Rated = 9 (18/2/15) static
			Date added:	Risk Type	Likelihood			
				S	3			
Key Controls:				Key Positive Assurances:				
Transaction Meeting chaired by Area Team Director				Opportunity to influence the Full Business Case for FPHFT Board, including checking financial alignment between commissioner and provider assumptions				
Berkshire East Health and Social Care Leaders Group				5 year strategic plan alignment across the system				
Joint Transformation Board				The governance and arrangements for this are currently under discussion				
Gaps in Control:				Action plan to address gaps in control (with target dates):		Progress against plan to address gaps in control:		
Strategic Clinical Forum for the development of joint clinical strategies				Propose establishment to FPHFT		<u>Update 04/08/2014</u> The Integration Governance framework is currently under discussion and will be formalised under a Transaction Agreement to be jointly signed by the Trust and CCGs. This will include oversight arrangements for the delivery of quality and constitutional standards, plus governance and working arrangements for a joint transformation programme. The target date for this agreement is mid August. <u>Update 23/10/14</u> A Transaction Agreement was signed on 23 rd		





		<p>September which paved the way for the new trust to be constituted from 1st October 2014. Within the Terms of the agreement the Trust agrees to form a Joint Transformation Programme Board with CCGs. This must be implemented within 2 months and have initial plans agreed within 6 months (by 31st March 2015). The first priorities for transformation have been agreed by all partners as Frail Elderly and Ambulatory Care. This was endorsed by the System Leaders Group on Friday 17th October and a cross economy workstream is being established which will work through the Joint Programme Board.</p> <p><u>Update 18/2/15</u></p> <p>This Programme Board is now established and has met twice – in November 2014 and January 2015 – and will continue to meet bi-monthly. Terms of reference are agreed.</p> <p>Cross economy workstream now established – Collaborative Care for the Older Citizen (CCOC) – which will review end to end services for frail or elderly people.</p> <p>Despite the positive progress the risk remains high given the disruptive impact of integrating two Trusts, and the enormity of the challenge.</p>
Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:
Full Business Case not complete	<p>Due for completion for FPHFT Board 13th May</p> <p>Following consideration at FPHFT Board CCG Governing Bodies to consider expressions of support at next meeting</p>	<p><u>Update 04/08/2014</u></p> <p>The Full Business Case was completed and approved by the Frimley Board, and subsequently approved by Monitor.</p> <p>Subsequent to that the CCGs have expressed their support for the Transaction, including some</p>

		<p>principles/conditions which will be formalised in the Transaction Agreement to be signed mid-August.</p> <p>The Frimley Board and Council of Governors approved the acquisition to go ahead at their meeting in July.</p> <p><u>21/08/2014</u></p> <p>A proposed level of funding has been agreed by the CCGs for the transformational / integration costs. (See finance report)</p>
5 year strategic plan not complete	Plan due for completion by 20 th June 2014	The CCG 5 year strategic plan was completed and submitted on the due date.
Joint Clinical Strategy	<p>A series of workshops has commenced to develop the clinical strategy</p> <p>Further dates in the programme are awaited</p>	<p>FPH/CCG Strategy - 30th Jan</p> <p>HWP/CCG Strategy – 27th Feb</p> <p>Clinical Vision – 3rd April</p> <p>Vision for Elective Care – 24th April</p> <p>This work will continue under the auspices of the Joint Transformation Board as outlined above.</p>



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend
GB_20	There is a potential risk to the delivery of QIPP schemes and corporate functions due to a planned reduction in CCG running costs as instructed by NHS England; whilst at the same time increasing the workload by taking on co-commissioning of primary care and more specialised commissioning	Chief Officer	OLT, GB	BACCG; SCCG; CSU	3	9	High	New Risk 18/02/2015 =9
			Date added:	Risk Type	Likelihood			
			18/02/2015	F	3			
Key Controls:				Key Positive Assurances:				
There is an organisational development review looking at structures, functions and roles which will report shortly								
The three CCGs are currently working collaboratively on a structure to support primary care co-commissioning								
Gaps in Control:				Action plan to address gaps in control (with target dates):		Progress against plan to address gaps in control:		
Gaps in Assurance:				Action plan to address gaps in assurance (with target dates):		Progress against plan to address gaps in assurance:		



ID No	Risk Description:	Lead:	Source:	Other partners	Impact	Risk Score (Imp x Li)	RAG Rating	History of changes to scores & risk trend	
GB 21	Lack of expertise and capacity to effectively respond to a major incident as Category 2 responders that directly affects 'health' including EBOLA.	Head of Corporate Affairs	EPRR Risk Register	Health partners		5	High	NEW RISK -10 (27/04/2014) Risk Reviewed = 5 (19/06/2014) reduced Risk Reviewed = 5 (only a handful of cases nationally)	
			Date added:	Risk Type	Likelihood				
			27/04/2014	C, R, O		1			
	Key Controls:				Key Positive Assurances:				
	Accountable Emergency Officer appointed (RW) Business Continuity and Operational Lead appointed (CG) Emergency Planning Liaison Officer in post working 15 hours across Bucks and Berkshire (CH)				EPRR Assurance process with the Area Team was positive and approved the CCGs plans for BCMP, and related documents				
	Emergency Planning frameworks and plans in place Major Incident Plan Escalation Framework On-call pack Business Continuity and Management Plans				Commended by Area Team for east Berkshire CCGs response to the Floods with staff working with the Police Silver Command and ensuring that requests for help were dealt with via the OOH service; daily reports were produced for the Area Team to submit to the DH requested by Ministers				
	Training Plan produced for 2013/14 and further training events to be organised for 2014/15				CCGs EPLO attending EBOLA workshops and exercises on behalf of the CCGs				
	Thames Valley Emergency Access 24/7 support and coordinating daily conference call				New guidance and procedures along with action card included in the Directors On-call pack				
	On-call arrangements organised for daily systems resilience and on-call rota for senior managers 1:9 rota operating								
	Gaps in Control:				Action plan to address gaps in control (with target dates):		Progress against plan to address gaps in control:		
Lack of expertise and training for all on-call managers in handling major incidents; also capacity issues				There is a need to design a training programme and desk top exercises to test the CCGs response to different crises		Meeting in mid-May to progress this work; need for a clearer understanding with the CSU about mutual aid in the face of Major Incidents. Update 25/06/2014 A Training Programme has been developed between the Head of Corporate Affairs and the Emergency Planning Liaison Officer; the Major Incident Training was delivered on 17/05/14; system resilience training schedule for September 2014 and Thames Valley Resilience Forum training opportunities widely circulated.			
Links with Thames Valley Primary Care need to work effectively in a major incident; as TVPC are coordinating primary care response as category 1 organisations				EPLO and Operational Lead attended Flood de-briefing seminar and shared learning including better links and clear accountabilities with the TVPC		Further work to be progressed on developing a shared protocol detailing each organisation's respective responsibility. Update 25/06/2014 The relevant documentation relating to Major Incidents / on-call etc will be updated this autumn. EPLO now reporting to Head of Corporate Affairs and providing additional support and expertise to EPRR work			



	Gaps in Assurance:	Action plan to address gaps in assurance (with target dates):	Progress against plan to address gaps in assurance:
	Lack of external assurance e.g. Internal Audit report	Add this topic into the Audit Programme for 2014/15	<p><u>Update 31/10/2014</u> EPLO to provide briefing to on-call managers on EBOLA and preparations for CCGs.</p> <p><u>UPDATE 17/02/2015</u> HEALTH RISK TO UK The Chief Medical Officer confirmed that it is likely we will see a very small handful of cases over a period of a few months. She has confirmed that the public health risk in the UK remains very low and measures currently in place – including exit screening - offer the correct level of protection.</p>



Risk ratings – the risk owner evaluates the impact of the risk with the likelihood of the risk occurring (Impact x Likelihood) and then scores the risk

LIKELIHOOD

Level	Detail Description examples
1	Rare : May occur in exceptional circumstances
2	Unlikely : Could occur at some time
3	Possible : Might occur at some time
4	Likely : Will probably occur in most circumstances
5	Almost certain : Is expected to occur in most circumstances

	Impact					
		1	2	3	4	5
Likelihood	1	Low	Low	Medium	High	High
	2	Low	Low	Medium	High	Extreme
	3	Low	Medium	High	Extreme	Extreme
	4	Medium	Medium	High	Extreme	Extreme
	5	Medium	Medium	Extreme	Extreme	Extreme

KEY TO OVERALL RAG SCORE FOR EACH STRATEGIC OBJECTIVE (FOR AF ONLY)

Red	Objective includes one or more extreme risks
Amber	Objective includes one or more high risks but no extreme risks
Green	Objective includes one or more medium risks but no extreme or high risks

