

WOLVERHAMPTON CCG
Governing Body Meeting
14th March 2017

Title of Report:	Q3 Board Assurance Framework, Progress with BAF & Risk Register Refresh
Report of:	Manjeet Garcha, Director of Nursing and Quality
Contact:	Manjeet Garcha
(add board/ committee) Action Required:	<input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	<ol style="list-style-type: none"> 1. Q3 BAF Report as per statutory requirement – to note 2. Current Red Risk Register (appendix 3)- to note 3. To update the decrease of risks on the current whole Risk Register (is not attached however is available on request) 4. To provide an update on the refreshed CCG Strategic Aims and Objectives (appendix 1) to approve 5. Dummy BAF and RR template (appendix 4) to approve
Public or Private:	This report is confidential due to the information contained within Appendix 2 – Domains Report and Appendix 3 – Extreme Red Risks.
Relevance to CCG Priority:	All CCG reporting templates are being aligned to the new strategic aims and objectives as below (once approved)
1. Improving the quality and safety of the services we commission	1a. Ensure on-going safety and performance in the system
2. Reducing health inequalities in Wolverhampton	2a. Improve and develop Primary Care in Wolverhampton 2b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions.
3. System effectiveness delivered within the CCG's financial envelope	3a. Proactively drive our contribution to the Black Country STP 3b. Greater integration of health and social care services across



	<p>Wolverhampton</p> <p>3c. Continue to meet our Statutory Duties and responsibilities</p> <p>3d. Deliver improvements in the infrastructure for health and care across Wolverhampton</p>
These will be deleted	
<ul style="list-style-type: none"> • Domain 1 – Better Health 	<p>How the CCG is contributing towards improving the health and wellbeing of its population and bending the demand curve.</p>
<ul style="list-style-type: none"> • Domain 2 – Better Care 	<p>How the CCG is contributing towards improving the health and wellbeing of its population and bending the demand curve.</p>
<ul style="list-style-type: none"> • Domain 3 – Sustainability 	<p>How the CCG is remaining in financial balance and is securing good value for patients and the public from the money it spends;</p>
<ul style="list-style-type: none"> • Domain 4 – Leadership 	<p>The quality of the CCG’s leadership, the quality of its plans, how the CCG works with its partners and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.</p>



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Board Assurance Framework and Risk Register have undergone a refresh following an audit by Pricewaterhouse Cooper in 2016.
- 1.2. As part of this work, strategic objectives were refreshed at the Governing Body development session in March. Please refer to **Appendix 1**.

2. CURRENT SITUATION

The Risk Register remains a 'live' system, and continues to be monitored and managed by executives and risk owners in line with the Risk Management Strategy. Q3 BAF report has been delayed due to the changes, however, the work has commenced and with support from the Business Analysts Team a more automated function is being created. Currently Datix is the risk management system for the most up to date information, it does not show access to the history of the risk so the trending has been undertaken manually.

The following changes are being put into place.

2.1. Structure of the BAF

Previously the CCG's BAF was aligned to the four domains set out by NHSE in April 2016 as part of their Improvement and Assessment Framework for CCGs. This proved difficult to manage as the risks could not be easily aligned. The BAF could not be used effectively by the Governing Body to focus on the CCG objectives.

Following three Governing Body development sessions held in September, November and March, The CCG Strategic Aims and Objectives have been refreshed. These are now being added to the Datix System (pending some specialist permissions from the Company) and will be live as of 1st April 2017. The Risk Register has also been refreshed by individual executives.

A dummy version of the new proposed format is appended (appendix 4)

2.2 Lack of ownership

The current arrangements for how risk management is supported have been reviewed to take forward risk management in the CCG.



The structures of the risk management reports have been changed to include a summary dashboard. A summary dashboard will be prepared monthly for each Sub-Committee and will become a standing item on Committee agendas.

The Committees that will operationally review the risks are:

1. Quality and Safety Committee
2. Finance and Performance Committee
3. Primary Care Joint Commissioning Committee
4. Commissioning Committee
5. Corporate (executive group)

A staff briefing took place to explain the changes at the Staff Meeting on 8th February. Refresher training has been arranged for all risk handlers over the coming weeks before the end of March.

2.3 Evidence of Scrutiny

All risks are being allocated to Sub Committees of the Governing Body. These committees will review their red risks at each meeting, whether new to register or because the score has increased and review all overdue risks to satisfy itself that the risks are being managed appropriately and in a timely manner. Work is being undertaken to design a proforma to capture the discussion which will fall out of this process. This will be considered with the chairs of the Sub Committees.

Work to align risks to Sub Committees has been completed. This has included a cleanse of the risk register too and the total number of risks have been reduced from 121 to 87. Of these, there are 9 Extreme Red Risks.

Each quarter, the sub committees will undertake a deeper dive of the risk register to add, remove or reassess any key risks. The governance around this will be strengthened as the decisions of the deeper dives will be shared with the Audit and Governance Committee for added scrutiny. Audit and Governance Committee will assure the Governing Body that it is satisfied with the scrutiny afforded to the CCG risk management processes. The Governing Body will receive a report of the CCG's red risks at each meeting, together with a summary of the associated action plan, so that it can hold executives to account and be satisfied that risks are being appropriately managed. SMT will continue to undertake quarterly deep dives.

Terms of reference for each sub-committee are being revised. All committee meeting Chairpersons will be reminded of this important change. In addition all the CCG reporting templates will be reviewed to align with the new strategic objectives.

The CCG's Risk Management Strategy will be revised to reflect the new arrangements. In addition, it will be amended to include training and refresher frequency and induction for new members of staff.

2.4 Regular review and update of risks



The proposal to review risks at every sub-committee meeting will ensure that risks are reviewed monthly at a minimum, more often if required. Datix reviews will be aligned to the monthly meetings.

2.5 Number of risks on the risk register

Quarter 3, 2016/17

At the end of Quarter 3 there were 121 risks live on the Risk Register. 15 of these were Red.

Number of Risk Register Entries	4 th Jan 2017
Open Risks	121
Red	15
Amber	65
Green Risks	41

Position as of 28th February 2017 (Matrix change)

The quantification system used in Datix has now been aligned to the National Patient Safety Agency Standards and the new scoring system is being used (see table below). This was shared with Executives on 2nd February and a CCG wide briefing session took place on 8th February. Quality Assurance Co-ordinators are providing training during March and April for all risk owners/managers.

Number of Risk Register Entries	28 th Feb 2017
Open Risks	87
Extreme	9
High	47
Moderate	29
Low	2

There has been a significant reduction in the number of risks on the Risk Register since the end of Quarter 3.

There were 9 risks rated “Extreme” at the end of February. Details of these risks can be found within **Appendix 3**.

Since the last update the

- The numbers of total risks have decreased from 121 to 87
- The number of red risks have decreased from 15 to 9 (alignment to new matrix)
- There are 47 risks rated as high, 29 as moderate and 2 as low



- Currently not able to quantify trend or closure of green risks as this piece of work is forensic, the executives are reviewing each and every risk with the risk owners and the Governing Body is requested to note that this will take some

CLINICAL VIEW

- 2.2. A clinical view has not been sought for the purpose of this report; however, if relevant, a clinical view is always sought via the appropriate committee membership.

3. PATIENT AND PUBLIC VIEW

- 3.1. Not applicable for the purpose of this report.

4. RISKS AND IMPLICATIONS

Key Risks

- 5.1 The CCG BAF and Risk Register on-going refresh work is critical, as failure to identify and manage risks is a risk to the achievement of the CCGs strategic objectives.

5.2 Financial and Resource Implications

There is still some on-going work to be carried out to address the risks identified in the review. The executive ownership of this portfolio sits with the Chief Nurse and the administrative tasks are split between two band 6 quality assurance officers. I.e. Datix administration and report compilation. Priority has been given to this work which has resulted in other work streams being delayed and further compounded by staff changes however; this is being monitored by the Head of Quality and Risk.

5.3 Quality and Safety Implications

Quality is at the heart of all CCG work and whilst no impact assessment has been undertaken for the purpose of this report, all risks have a patient safety and quality impact assessment.

5.4 Equality Implications

NA

5.5 Medicines Management Implications

NA

5.6 Legal and Policy Implications

Risk Management Strategy is being updated. Risk Management is a statutory requirement.



6.0 RECOMMENDATIONS

The Governing Body is requested to

- To **RECEIVE** and **DISCUSS** the Report
- **Note** the movement/progression of Red Risks
- **NOTE** the actions taken to date
- **NOTE** the on-going work with Risk Register and BAF format
- **APPROVE** the Strategic Aims and Objectives
- **APPROVE** the dummy BAF template

Appendix 1 Reconfirmed Strategic Objectives/Aims (to be agreed)

Appendix 2 Domains Report (due to the confidential nature of some of the risks this is not attached, however is available on request as appendix 2)

Appendix 3 Red Risks as of 28th February 2017

Appendix 4 New proposed BAF and RR format (to be agreed)



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team	MGARCHA	March 2017
Medicines Management Implications discussed with Medicines Management team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer	Peter McKenzie	Feb 2017
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)	MGARCHA	7.03.2017

