

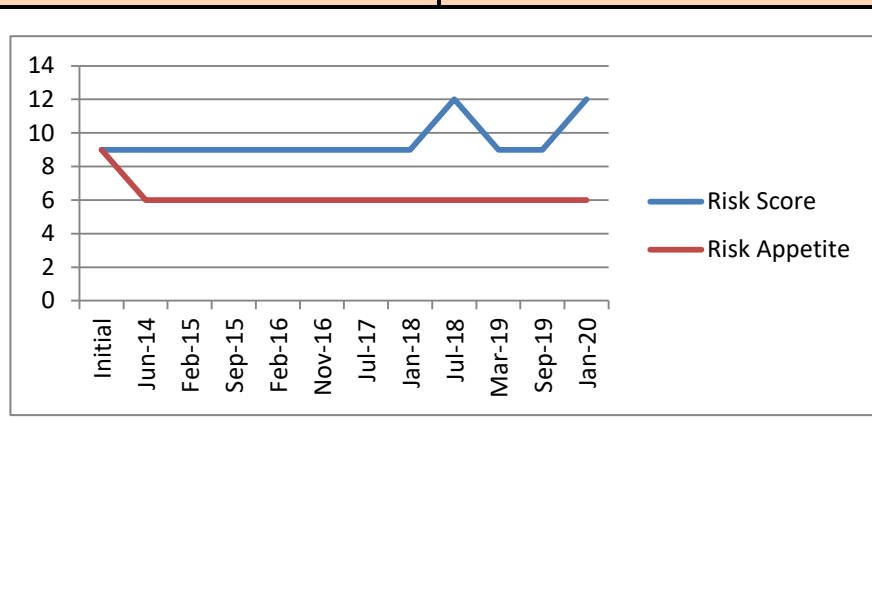
## GBAF Entry No. 1 : Children and Young People

There is a strategic risk of non-achievement of a cohesive, joined up approach to responding to the changing needs of children and young people in Wakefield. This is due to conflicting demands, limited funding, lack of a skilled workforce in all partner organisations and increasing need. This could result in children and young people not having adequate access to all services and their physical, safety, emotional and wellbeing needs remaining unmet.

CCG Objectives		Health and Wellbeing Board Priorities	
Effective partnerships	x	Ensuring a healthy standard of living for all	x
Quality driving efficiency	x	Giving every child the best start in life	x
High performance employer		Strengthening the role and impact of ill health prevention	x
		Creating and developing sustainable places and communities	

<b>Lead Clinician:</b> Dr Debbie Hallott, Governing Body Member	<b>Lead Director:</b> Melanie Brown, Programme Commissioning Director – Integrated Care	<b>Lead Manager:</b> Jo Rooney and Tracy Morton, Senior Commissioning Managers and Judith Wild, Head of Continuing Healthcare and Deputy Chief Nurse
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<p><b>Risk Rating</b> (likelihood x consequence)</p> <p>Risk Score: Initial: 3x3 = 9 Previous: 3x3 = 9 Current: 4x3 = 12</p> <p>Risk Appetite: Initial: 3x3 = 9 Previous: 2x3 = 6 Current: 2x3 = 6</p>
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**Date last reviewed:** 30 January 2020

**Rationale for Current Score**

There have been real improvements in the ASD assessment pathway and the outcome of the SEND revisit reflects this. However there are increasing challenges in the rising numbers of referrals to ASD pathway and now Children's Continuing Care which are causing concern about service capacity. CAMHS waiting times remain high but have shown some improvement since October 2019 but need to be monitored over a longer period of time.

Local pressure on maternity services and embedding key national strategy has increased pressure on services.

**Link to risk register**

535 – Children's autism assessment (score 4)  
696 – children's complex care budgets (score 4)  
1459 – Children's Continuing Healthcare (score 16)

**Key controls in place**

1. Autism Spectrum Disorder (ASD) recovery plan and Special Education Needs and Disability (SEND) action plan in place. Strategic group is still in place with an action plan.
2. Mid Yorkshire and SWYPFT contracts, underlying service specifications and Key Performance Indicators (KPIs) – robust mechanisms for contract management and service improvement in place. Service Specification being updated including CAMHS, Future in Mind and Children in Care.
3. Extensive consultation and engagement with parents and carers and children and young people to gather feedback to support service improvement and triangulate contract and performance information.
4. Plans to have an all-age AD Pathway to be fully operational by September 2020.
5. Future in Mind Work Programme – National Programme which supports early intervention of children with

**Internal Assurances**

1. Internal assurance meetings monthly. Also IGC and WCCG Governing Body receive quarterly reports for ASD to understand the progress of the ASD work programme to replace the regulator monitoring meetings
2. Mid Yorkshire community contract board in place – meets every eight weeks
3. SWYPFT have a contract meeting which CCG attend (monthly)
4. Maternity Quality Partnership (MQP) which reports to Mid-Yorkshire Executive Group (MYSEG).
5. Maternity Strategy Group established in Wakefield (monthly)
6. Reports and briefings are presented to Clinical Cabinet, Connecting Care

<p>mental health and emotional wellbeing support, commissioning additional services and improving capacity within the system to provide early support. Local Transformation Plan refresh submitted to NHSEI in November 2019 and posted on CCG website.</p> <ol style="list-style-type: none"> <li>6. Monthly joint commissioning panel established. On-going review of Joint commissioning arrangements with CCG and Wakefield Council to improve efficiency, value for money and align strategic priorities. Quarterly joint OD sessions with associated Wakefield CYP commissioning shared action plan.</li> <li>7. Bi-monthly Maternity Quality Partnership (MQP) group considers key quality data, audits and national recommendations and drive service improvement locally to implement the Local Maternity System action plan.</li> <li>8. Transformation of CAMHS improves service to reduce waiting times and increase capacity. SWYPFT signed up to the improvement process and SWYPFT and CCG have agreed a joint appointment to lead the process which commenced mid Oct 2019. Improvement plan and 10 associated action plans approved in CAMHS Improvement Group Jan 2020</li> <li>9. Additional funding secured from NHS E to develop early intervention/innovative emotional and mental well-being strategies in Primary Care Homes for 16-25 year olds (Jan 2020 commencement)</li> <li>10. Review of children's continence pathway in line with NICE guidelines.</li> <li>11. Special Educational Needs and Disabilities (SEND) Transformation Board and subgroups in place. Jointly commissioned SEND support service is in place from April 2018. SEND re-inspection due between 2020 - 2022.</li> <li>12. Improved integrated partnership working between Wakefield Council and CCG with strong engagement in the New Ways of Working – implementation group meetings monthly. Strong representation on the board and working groups of the Childrens Improvement Board – following OFSTED inspection of Children's Services.</li> <li>13. Transformation of Children's Continuing Care Service is underway</li> <li>14. Review of training needs for people who work with children who have health needs to support them to remain in education. Project lead by MYHT together with CCG and Local Authority. Task and Finish Group to be established Q1</li> </ol>	<p>Executive, IGC, Executive Team and Governing Body as appropriate</p> <p><b>External Assurances</b></p> <ol style="list-style-type: none"> <li>1. Reporting to Children's Partnership Board.</li> <li>2. Operation of Connecting Care Executive Board to consider joint / collaborative commissioning arrangements and use of pooled budgets as required.</li> <li>3. Health and Well Being Board have oversight of the overall children's and maternity plan, and have lead oversight of the mental health and emotional wellbeing transformation programme. The H&amp;WB Board has key responsibility for maintaining strategic oversight of delivery.</li> <li>4. Ofsted inspection of services of services for children and young people.</li> <li>5. NHS England and Department for Education are supporting the ASD recovery through annual review (October 2019).</li> <li>6. Quarterly assurance meetings with NHS England to monitor the Future in Mind Work Programme.</li> <li>7. Wakefield Council have established an improvement board to respond to Ofsted inspections and focused visits. Wakefield CCG are represented at this forum.</li> <li>8. Wakefield Safeguarding Children Partnership leading challenge to improvement of all children's services across the Wakefield system.</li> <li>9. Multi partner CAMHS improvement insurance group Feb 2020 at Chief Exec level</li> <li>10. Children &amp; Young People's Partnership Board with Governing Body level membership from NHS Wakefield CCG which oversees the work of relevant partners, ensuring they co-operate to improve outcomes for children and young people. Bi-monthly meetings.</li> </ol>
<p><b>Gaps in controls</b></p> <ol style="list-style-type: none"> <li>1. Paediatric Quality Partnership Group needs establishing with MYHT to consider key quality data, drive service improvements and ensures waiting time standards are adhered to.</li> </ol>	<p><b>Gaps in assurances</b></p> <ol style="list-style-type: none"> <li>1. Feed in to a review of JSNA for maternity, children's and mental health.</li> </ol>
<p><b>Actions from gaps in controls</b></p> <ol style="list-style-type: none"> <li>1. ASD strategy in development to be considered at Clinical Cabinet. The plan is to launch the strategy in Q4.</li> <li>2. Work in train to establish the Paediatric Quality Partnership Group.</li> </ol>	<p><b>Actions from gaps in assurances</b></p> <ol style="list-style-type: none"> <li>1. Reporting to continue through the Children and Young People's Partnership</li> </ol>

## GBAF Entry No. 2 : Mental Health Service Transformation

There is a risk that the local Mental Health Transformation Strategy fails to deliver the national NHS Mental Health requirements of the Long Team Plan .Due to NHS Wakefield CCG undertaking traditional commissioning approaches and not working effectively through the Mental Health Alliance. Resulting in the continued demand for primary and secondary care services which is unsustainable in the long term.

CCG Objectives		Health and Wellbeing Board Priorities	
Effective partnerships	x	Ensuring a healthy standard of living for all	x
Quality driving efficiency	x	Giving every child the best start in life	
High performance employer		Strengthening the role and impact of ill health prevention	x
		Creating and developing sustainable places and communities	x

<b>Lead Clinician:</b> Dr Nadim Nayyar, Clinical Lead for Mental Health and Learning Disabilities	<b>Lead Director:</b> Melanie Brown, Programme Commissioning Director – Integrated Care and Sean Rayner, Director of Provider Development, SWYPFT and Chair of Mental Health Alliance	<b>Lead Manager:</b> Alix Jeavons, Head of Mental Health and Learning Disability Commissioning and Charlotte Whale, Mental Health Transformation Lead for Mental Health Alliance
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<b>Risk Rating</b> (likelihood x consequence)  Risk Score: Initial: 3x4 =12 Previous: 3x4 = 12 Current: 3x4=12  Risk Appetite: Initial: 2x4=8 Previous: 2x4=8 Current: 2x4=8	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>12</td> <td>8</td> </tr> <tr> <td>Jun-14</td> <td>12</td> <td>8</td> </tr> <tr> <td>Feb-15</td> <td>12</td> <td>8</td> </tr> <tr> <td>Sep-15</td> <td>12</td> <td>8</td> </tr> <tr> <td>Nov-16</td> <td>12</td> <td>8</td> </tr> <tr> <td>Jul-17</td> <td>12</td> <td>8</td> </tr> <tr> <td>Jan-18</td> <td>12</td> <td>8</td> </tr> <tr> <td>Jul-18</td> <td>12</td> <td>8</td> </tr> <tr> <td>Mar-19</td> <td>12</td> <td>8</td> </tr> <tr> <td>Sep-19</td> <td>12</td> <td>8</td> </tr> <tr> <td>Jan-20</td> <td>12</td> <td>8</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Initial	12	8	Jun-14	12	8	Feb-15	12	8	Sep-15	12	8	Nov-16	12	8	Jul-17	12	8	Jan-18	12	8	Jul-18	12	8	Mar-19	12	8	Sep-19	12	8	Jan-20	12	8	<b>Date last reviewed:</b> 21 January 2020
		Period	Risk Score	Risk Appetite																																		
Initial	12	8																																				
Jun-14	12	8																																				
Feb-15	12	8																																				
Sep-15	12	8																																				
Nov-16	12	8																																				
Jul-17	12	8																																				
Jan-18	12	8																																				
Jul-18	12	8																																				
Mar-19	12	8																																				
Sep-19	12	8																																				
Jan-20	12	8																																				
<b>Rationale for Current Score</b>  The transformation of mental health services is complex and multifaceted the range of partners that need to be involved means there will be conflicting priorities and demands that need to be managed in order to ensure that we achieve best outcomes for our population. It is critical that NHS Wakefield CCG continues to work effectively with the Wakefield Mental Health Alliance, progress a new of delivering commissioner/provider relationships and maximise the investment available to deliver outcomes for our population.  The appetite score reflects the inherent risk in the change required.																																						
<b>Link to risk register</b> 1471 – increasing demand on mental health services (score 12)																																						

<b>Key controls in place</b> <ol style="list-style-type: none"> <li>Further development of the role of the mental health provider alliance</li> <li>Significant investment being made in mental health services as a result of the Mental Health Investment Standard which requires CCGs to increase investment per annum by a certain percentage (2020/21 expectation is 5.4)</li> <li>Transparent prioritisation exercise underway to determine 2020/21 work programme under areas for investment.</li> <li>Robust programme of work established in 2019/20 to address priority areas including; crisis support, suicide prevention, children and young people’s mental health, personality disorders and chaotic lifestyles and older people’s mental health.</li> <li>Continued involvement in the West Yorkshire and Harrogate Mental Health Learning Disability and Autism programme.</li> <li>Specific programme of work underway with all seven Primary Care Networks to develop a new service offer for 16-25 year olds, to be mobilised by April 2020.</li> </ol>	<b>Internal Assurances</b> <ol style="list-style-type: none"> <li>Monthly oversight of the national targets by the Integrated Governance Committee</li> <li>Reporting to Governing Body as appropriate (February 2020)</li> <li>Reporting to the Clinical Cabinet as appropriate</li> <li>Robust contract management in place to monitor activity and waiting lists on a monthly basis</li> <li>Monitor mental health indicators on the NHS Oversight Framework.</li> </ol>
	<b>External Assurances</b> <ol style="list-style-type: none"> <li>Oversight of mental health transformation by the Mental Health Alliance (monthly)</li> <li>Regular reporting to the Mental Health Stakeholder Group on an 8 weekly basis.</li> <li>Bi-monthly reporting to the Dementia Strategy Board</li> <li>Monthly reporting to the Integrated Care Partnership Board regarding this priority work stream. (monthly highlight report)</li> </ol>

<p>7. Improving mental well-being via lifestyle interventions delivered by public health services.</p> <p>8. Shared clarity of NHS Long Term Plan targets and trajectories across the Mental Health Alliance</p>	
<p><b>Gaps in controls</b></p> <p>1. Mental Health outcome framework and performance dashboard being developed to ensure Mental Health Alliance is cognisant of current system position and can take steps to address issues.</p>	<p><b>Gaps in assurances</b></p> <p>1. Reporting progress into the Mid Yorkshire Improvement Groups.</p>
<p><b>Actions from gaps in controls</b></p> <p>1. Draft outcome framework and performance dashboard to be populated with data for monitoring to commence April 2020</p> <p>2. Mental Health Transformation Lead to develop and Organisational Development Plan for the Mental Health Alliance by June 2020</p>	<p><b>Actions from gaps in assurances</b></p> <p>1. Mental Health performance dashboard being developed alongside the outcome framework to support the mental health alliance in developing its assurance approach. (April 2020)</p>

### GBAF Entry No. 3 Long Term Conditions (cardio-metabolic and respiratory conditions)

There is a risk that the CCG is not maximising the impact of current resources and initiatives to manage health inequalities. Due to the current lack of a co-ordinated approach to long term conditions. Resulting in acute admissions, higher than necessary prescribing costs and inconsistencies in the management of long term conditions.

CCG Objectives		Health and Wellbeing Board Priorities	
Effective partnerships	x	Ensuring a healthy standard of living for all	x
Quality driving efficiency	x	Giving every child the best start in life	x
High performance employer		Strengthening the role and impact of ill health prevention	x
		Creating and developing sustainable places and communities	x

<b>Lead Clinician:</b> Dr Colin Speers, Clinical Lead for Digital and Chair of Network 4	<b>Lead Director:</b> Jonathan Webb, Chief Finance Officer/Deputy Chief Officer	<b>Lead Manager:</b> TJ Alexander, Senior Transformation Manager.
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**Key Partners:** Connecting Care, Public Health, Primary Care, CCG Planned Care Team, Integrated Care System, Mid Yorkshire Hospitals NHS Trust and Primary Care Networks

**Risk Rating**  
(likelihood x consequence)

Risk Score:  
Initial: 3x4 = 12  
Previous: 3x4=12  
Current: 3x4=12

Risk Appetite:  
Initial: 2x4=8  
Previous: 2x4=8  
Current: 2x4=8

Time Period	Risk Score	Risk Appetite
Initial	12	8
Nov-16	12	8
Jul-17	12	8
Jan-18	12	8
Jul-18	12	8
Mar-19	12	8
Sep-19	12	8
Jan-20	12	8

**Date last reviewed:** 28 January 2020

**Rationale for Current Score**

1. The identification, management and outcome of individuals with long term conditions are complex and involve system-wide activity and transformation, as well as prevention. It is recommended that a Long Term Condition Strategy is developed at an early stage.

**Link to risk register**

Risk No: 1406 – Lack of overall long term condition strategy (scored at 8)

- Key controls in place**
1. The principle of Self -Care strategy being delivered to ensure that people with LTC are supported to take personal responsibility
  2. Focus on personalisation within the ICS and CCG
  3. Care planning in GP practices for patients with LTC as part of the core contract
  4. Clinical pathways for LTC have been reviewed resulting in new guidelines for asthma and COPD
  5. Connect to Prevent – building out of Healthy Heart strategy to develop a holistic prevention agenda, working with the Local Authority
  6. Increasing Access to Psychological Therapies (IAPT) access for people with Long Term Conditions was launched in Q1 2019/20 and will be available across Wakefield by end of Q4.
  7. New platform being developed at ICS and CCG level to ensure a clear understanding of the population with multiple co-morbidities or consistent management of these.
  8. Annual GP review for patients with learning disabilities
  9. Work is on-going with prevention strategy across place. Exploratory work is ongoing about pathway development pilots within PCNs (eg Five Towns bid to pilot a CPPD diagnostic and personalisation hub)

- Internal Assurances**
1. Currently different elements of Long Term Conditions have different reporting groups, including ICS, Integrated Care Partnership and Planned Care Improvement Group.

- External Assurances**
1. Annual submission of LTC registers by GP practices to NHS England
  2. All practices submit data to the National Diabetes Audit submissions have been increased to quarterly in 2019/20.
  3. NHSE have developed an dashboard for the Treatment and Care Transformation programme and diabetes education activity is reported.

<p><b>Gaps in controls</b></p> <ol style="list-style-type: none"><li>1. CCG does not have a formal Long Term Conditions Strategy or single dashboard that defines the scope and priorities for the population that builds upon work undertaken in specific teams for specific conditions.</li><li>2. There is a lack of integrated structural oversight within the CCG for LTC</li></ol>	<p><b>Gaps in assurances</b></p> <ol style="list-style-type: none"><li>1. Reports should be received for oversight by the NMOC Board</li></ol>
<p><b>Actions from gaps in controls</b></p> <ol style="list-style-type: none"><li>1. Management resource needs to be identified to pull all schemes into a coherent strategy to be reviewed if this is identified as a priority in the 2020/21 programme</li></ol>	<p><b>Actions from gaps in assurances</b></p> <ol style="list-style-type: none"><li>1. Review governance and management of long term conditions within the CCG to implement Governing Body intentions as a priority.</li></ol>

## GBAF Entry No. 4 : Elderly Care and Frailty

There is a risk of Wakefield CCG not being able to deliver the community requirements in the Long Term Plan in 2020/21 due to the challenges Wakefield CCG faces in year 3 of 4 year recovery plan. Resulting in more detailed testing before we launch any new scheme.

CCG Objectives		Health and Wellbeing Board Priorities	
Effective partnerships	x	Ensuring a healthy standard of living for all	x
Quality driving efficiency	x	Giving every child the best start in life	
High performance employer		Strengthening the role and impact of ill health prevention	x
		Creating and developing sustainable places and communities	x

**Lead Clinician:**  
Dr Ann Carroll, Integrated Partnership Chair

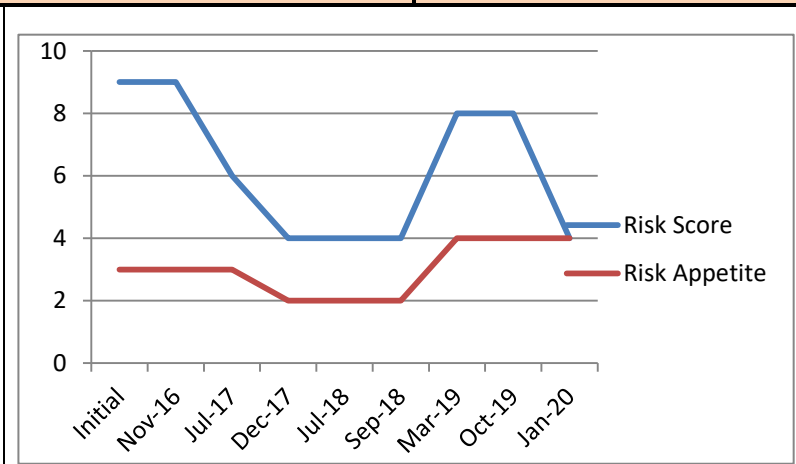
**Lead Director:**  
Melanie Brown, Programme Commissioning Director – Integrated Care

**Lead Manager:**  
Martin Smith, Programme Manager, Commissioning Strategy & Integrated Care and Nichola Esmond, Service Manager – Joint Commissioning Adults' Health and Social Care

**Risk Rating**  
(likelihood x consequence)

Risk Score:  
Initial: 3x3 = 9  
Previous: 2x4 = 8  
Current: 1x4 = 4

Risk Appetite:  
Initial: 1x3=3  
Previous: 1x4=4  
Current: 1x4=4



**Date last reviewed:** 24 January 2020

**Rationale for Current Score**

1. High assurance from the Integrated Care Partnership that we have everything in place to mitigate this risk.
2. The current score reflect progress against the controls and the results from the independent evaluation of around one thousand staff, carers and patient feedback which highlighted a positive experience.
3. It recognises that through Wakefield's Integrated Care Partnership, more can be done to support older people in the community.
4. Across Wakefield there has been a 1.9% reduction in non-elective admissions for those aged 65 and over, and a 2.9% reduction in non-elective admissions for those aged 75 and over compared to 2017/18.

**Link to risk register**  
1163- CQC Care Home rating (scoring 12)

**Key controls in place**

1. New jointly funded service manager role between CCG and Council focussed on improving quality of care home provision and improving and sustaining the domiciliary care market
2. Care Homes developed that meets the requirements of the Long Term Plan.
3. Investment in Voluntary Sector Services to address social isolation eg support to carers or community solutions to support vulnerable older people
4. Continue the transformation of the community services through the connecting care hubs and improved alignment with Primary Care Home localities.
5. Joint working with Public Health who commission preventative programmes such as a falls exercise programme with referrals from MY Therapy.
6. Linked with Mental Health priority, end of life and Primary Care Home priorities through Integrated Care Partnership business plan.
7. Ensure the commissioning of dementia services is aligned to the care of the elderly and frail

**Internal Assurances**

1. Monthly assurance framework for Integrated Care Partnership.
2. Regular reporting to the Connecting Care Executive receives quarterly performance and finance report on Better Care Fund.
3. Robust contract management in place to monitor activity (bi-monthly) via Community Contract Meetings.
4. Probity Committee will make decisions on CCG funding for schemes within the programme when appropriate.
5. System Outcome Framework approved
6. Integrated Care Partnership Minutes shared with the Mid Yorkshire System Executive Meeting from Jan 2020.

<p>strategy.</p> <ol style="list-style-type: none"> <li>8. Established a Joint Community Improvement Group that is focused on transformation projects driven by the Long Term Plan.</li> <li>9. Aligned incentive contract includes all community resources, allowing the discussion to be around service transformation rather than financial matters.</li> <li>10. A focus on population health management to identify at risk cohorts such as those coded as severely frail and the use of personalisation funding from West Yorkshire and Harrogate ICS to test new interventions.</li> <li>11. Continued expansion and development of the Connecting Care Hub offer including extending partnership working.</li> <li>12. Established a joint health and social care single point of contact.</li> <li>13. Pooled funding from CCG and Local Authority into the Better Care Fund.</li> <li>14. Elderly same day emergency care unit now established in Wakefield</li> <li>15. Enhanced primary care services for care homes to be provided through a Network level contract</li> <li>16. In November 2019 we have refreshed our Integrated Care Partnership priorities and will have new action plans in place for April 2020.</li> </ol>	<p><b>External Assurances</b></p> <ol style="list-style-type: none"> <li>1. Adult Social Care Outcomes Framework supports the delivery of the programme.</li> <li>2. Patient Engagements from Healthwatch.</li> <li>3. Update to Overview and Scrutiny Committee as required (meets every 2 months) for example care homes strategy at OSC 23/01/2020.</li> <li>4. Health and Wellbeing Board receives an update every six weeks on Connecting Care work programme.</li> <li>5. CCG assurance framework</li> <li>6. Integrated Care Partnership (Check and Challenge)</li> <li>7. Full assurance on Better Care Fund Plan received in December 2019.</li> </ol>
<p><b>Gaps in controls</b></p> <ol style="list-style-type: none"> <li>1. A level of fragmentation between the providers developing services which support elderly and frail patients.</li> <li>2. Business cases for 20/21 for community investment.</li> </ol>	<p><b>Gaps in assurances</b></p> <p>None identified</p>
<p><b>Actions from gaps in controls</b></p> <ol style="list-style-type: none"> <li>1. Governance review of the system is underway.</li> <li>2. Consolidate the existing frail and elderly groups which exist in voluntary sector, CCGs, Local Authority and MYHT establish a consistent approach.</li> <li>3. Review NHS North Kirklees frailty strategy to identify potential of merging strategies.</li> <li>4. Ensure the Connecting Care Programme and the PCH programmes are aligned.</li> <li>5. Community Improvement Group to consider business cases for service changes for approval by end of Q4.</li> </ol>	<p><b>Actions from gaps in assurances</b></p> <p>None identified</p>



## GBAF Entry No.5 Cancer

There is a strategic risk of the CCG not meeting its cancer objectives due to delays in diagnosis and system sustainability resulting in the national cancer strategy not being fully implemented.

CCG Objectives		Health and Wellbeing Board Priorities	
Effective partnerships	x	Ensuring a healthy standard of living for all	x
Quality driving efficiency	x	Giving every child the best start in life	x
High performance employer		Strengthening the role and impact of ill health prevention	x
		Creating and developing sustainable places and communities	x

**Lead Clinician:** Dr Abdul Mustafa, Clinical Lead

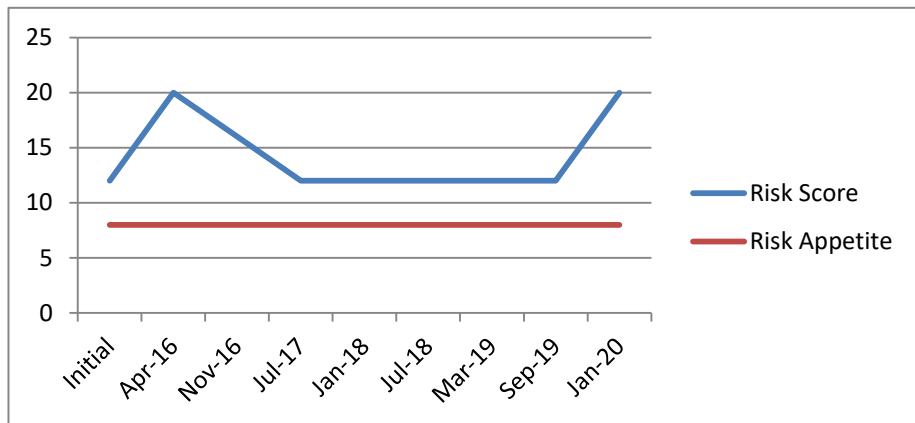
**Lead Director:** Jonathan Webb, Chief Finance Officer/Deputy Chief Officer

**Lead Manager:** Michala James, Senior Transformation Manager

**Risk Rating**  
(likelihood x consequence)

**Risk Score:**  
Initial: 3x4 = 12  
Previous: 3x4 = 12  
Current: 5x4 = 20

**Risk Appetite:**  
Initial: 2x4 = 8  
Previous: 2x4 = 8  
Current: 2x4 = 8



**Date last reviewed:** 28 January 2020

### Rationale for Current Score

1. Consistent non-compliant performance against the Seven national cancer standards
2. Breast cancer performance locally has improved but requires monitoring for sustainability.
3. Two week waits for other tumour sites remain challenging and requires monitoring.

### Link to risk register

621 – failure to meet 62 day cancer referral to treatment (score 12)  
624- Quality Premiums (score 6)  
776 – Diagnostic waits (score 6)  
1302 – Breast cancer waits (score 6)

### Key controls in place

1. CCG is committed to delivering the NHS national cancer strategy at three levels – a framework to deliver the national cancer strategy is in place based upon three levels -West Yorkshire and Harrogate (Cancer Alliance), the Mid Yorkshire System (Cancer Locality Group and Trust Cancer Board) and Wakefield Place programmes.
2. The key deliverables within the framework from the CCG perspective are a focus on prevention and early diagnosis of cancer to improve outcomes for patients.
3. A range of programmes are in place to ensure the two key deliverables at all three levels, including Cancer Alliance Board programmes to match demand and capacity across the wider system.
4. Within the primary care networks there will continue to be a focus on encouraging screening, early diagnosis and risk stratified follow-up
5. Working in collaboration with NHS North Kirklees CCG and Mid Yorkshire Hospitals NHS Trust, delivery of the cancer 2 week referral to first outpatient and 62 day referral to first definitive treatment are overseen by the Planned Care Improvement Group.
6. Mid Yorkshire Hospitals NHS Trust are monitoring the impact of implementing the national 28 day rapid diagnosis standard.
7. Benchmarking of key cancer outcomes via Cancer Alliance dashboard and Cancer Outcomes and Assessment Framework.

### Internal Assurances

1. Regular review of the data contained in the local cancer dashboard.
2. Delivery of the cancer 62-day target is overseen by Planned Care Improvement Group (PCIG) which reports to Mid Yorkshire System Executive Group (MYSEG)
3. National Quality Surveillance Programme MYHT and CCG self-assessments completed. Action plans are produced as part of the surveillance programme and are approved by the Local Cancer Board and the National Quality Surveillance Team.
4. Monthly performance report to Integrated Governance Committee with exception reports when required

### External Assurances

1. Wakefield CCG and MYHT are involved in the South Yorkshire Living with and Beyond Cancer (LWABC) Programme (Phase 3).
2. West Yorkshire & Harrogate Cancer Alliance – engagement with Cancer Alliance Board and associated work programmes.
3. National Quality Surveillance Programme process in place. Awaiting NHS

<p>8. Additional CCG Clinical Lead capacity funded by MacMillan</p>	<p>England assessment outcomes (due December 2019).</p> <p>4. Rightcare Delivery Plan approved by NHS England (September 2019)</p> <p>5. Quarterly assurance meetings with NHS England.</p> <p>6. Overview and Scrutiny Committee (September 2019)</p>
<p><b>Gaps in controls</b></p> <p>1. Improved engagement with and support for GP practices/Primary Care Networks (PCN).</p> <p>2. Accountability and review of MYHT actions in response to ICS programmes and activities</p>	<p><b>Gaps in assurances</b></p> <p>1. Assurance has not been provided on readiness for MYHT to implement 28 day rapid diagnosis standard.</p> <p>2. Performance report highlights challenges in meeting the delivery of the 62 day referral first definitive treatment.</p>
<p><b>Actions from gaps in controls</b></p> <p>1. Ongoing discussion and engagement with West Yorkshire and Harrogate Cancer Alliance colleagues regarding optimal pathways and living with and beyond cancer programmes.</p> <p>2. Working with Mid Yorkshire Hospitals NHS Trust to improve diagnostic capacity and prepare for the 28 day rapid diagnostic standard which goes live 1 April 2020</p> <p>3. Develop plan for supporting Primary Care Networks.</p>	<p><b>Actions from gaps in assurances</b></p> <p>1. To work with cancer alliance to understand readiness of MYHT to implement the 28 day RDS</p>

## GBAF Entry No. 6: Urgent and Emergency Care

There is a risk of hospital based urgent care being unable to cope with demand. Due to lack of integration of out of hospital urgent care. Resulting in increased demand in emergency departments, increased waiting times for care and poor patient experience

CCG Objectives		Health and Wellbeing Board Priorities	
Effective partnerships	x	Ensuring a healthy standard of living for all	x
Quality driving efficiency	x	Giving every child the best start in life	x
High performance employer		Strengthening the role and impact of ill health prevention	x
		Creating and developing sustainable places and communities	x

**Lead Clinician:** Dr Chris Bolton, GP

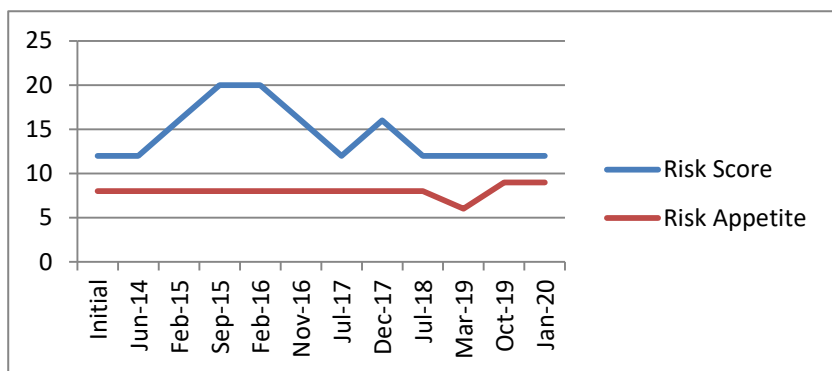
**Lead Director:** Jonathan Webb, Chief Financial Officer and Deputy Chief Officer

**Lead Manager:** Katie Roebuck, Head of Urgent Care

**Risk Rating**  
(likelihood x consequence)

**Risk Score:**  
Initial: 3x4 = 12  
Previous: 4x3 = 12  
Current: 4x3 = 12

**Risk Appetite:**  
Initial: 2x4 = 8  
Previous: 2x3 = 6  
Current: 2x3 = 6



**Date last reviewed:** 30 January 2020

### Rationale for Current Score

Ongoing discussions to develop the most appropriate model to deliver high quality care for local residents.

The Risk Appetite remains due to the complexity and concerns escalated throughout the CCG for the increase in demand growth of activity and delays in the progress of the integrated modelling.

### Link to risk register

- 426 – YAS red target (score 12)
- 880 – 12 hour A&E breach (score 9)
- 323 – LCD not meeting contractual KPIs (score 9)
- 1301 – Urgent Care (score 9)
- 1346 - West Yorkshire urgent care – capacity to meet demand (score 16)

### Key controls in place

1. Review of urgent care delivery model in line with national guidance on delivering integrated urgent care. By March 2021.
2. Transformation programmes to deliver integrated front door (out of hospital) and same day emergency care and reduced length of stay (within the hospital). Being developed and implemented through the Joint Unplanned Care Improvement Group.
3. Activity growth management within contract and associated KPIs.

### Internal Assurances

1. Joint Unplanned Care Improvement Group meets fortnightly on operational and strategic issues. Reports into A&E improvement group. This then reports into the A&E Improvement Group on a monthly basis. Highlight reports of the projects are presented via exception reporting and escalated as appropriate.
2. A&E Improvement Group meetings monthly receive reports from system-wide partners. Minutes are shared with the Integrated Governance Committee (IGC). IGC minutes are shared with the Governing Body.
3. Mid Yorkshire System Executive Group (MYSEG) meets monthly to receive by exception reports on implementation of urgent care transformation, contract monitoring, finance and quality
4. Areas of concern escalated to Contract Steering Group.
5. Regular discussion at Integrated Governance Committee including deep dives, review constitutional targets and have update from Contract Boards and MYSEG. Receive regular contract and quality performance report with issues from any provider. (IQP report)
6. YAS contract management board and the Joint Commissioning Strategic Board

	(YAS) 7. 999/111 Joint Quality Board meet quarterly.
	<b>External Assurances</b> 1. West Yorkshire and Harrogate Urgent and Emergency Care Network meet monthly. This is a strategic transformation group which oversees by exception and is chaired by Dr Adam Sheppard. 2. NHS England Assurance meetings detailing performance outcomes. Quarterly 3. YAS Joint Strategic Commissioning Board manages strategic alignment of YAS as a provider across Yorkshire and Humber region. Updates from contract management boards, updates on performance, quality, trajectories etc. Transformational discussions for future provision. 4. West Yorkshire and Harrogate Urgent and Emergency Care Development Group – Commissioners Only. Discuss integrated urgent care as a system and to share learning across the Integrated Care System. Monthly.
<b>Gaps in controls</b> None identified	<b>Gaps in assurances</b> None
<b>Actions from gaps in controls</b> None identified	<b>Actions from gaps in assurances</b> None

**GBAF Entry No. 7: Specialised Commissioning**

There is a risk the commissioning of Specialised Services does not address the needs of the local population. Due to on-going national and local workforce pressures and the need to align national specialised commissioning and local commissioning processes. Resulting in the potential for a variation in outcomes and a continuing pressure on specialist providers in relation to workforce and other technical developments (drugs and equipment).

**CLOSED SEPTEMBER 2019**

**GBAF Entry No. 8: NHS Constitution targets associated with 18 week RTT, A&E waiting times and 62 day cancer targets.**

There is a risk of not achieving the NHS constitutional targets due to an imbalance between current capacity and rising demand resulting in poor patient experience and outcome.

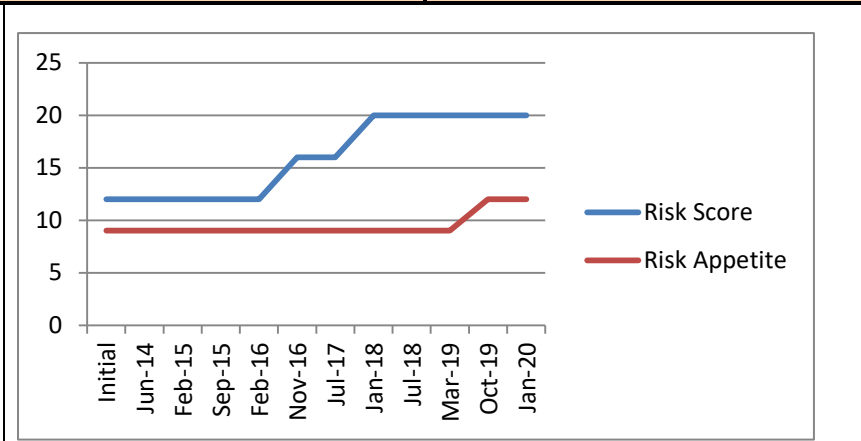
CCG Objectives		Health and Wellbeing Board Priorities	
Effective partnerships	x	Ensuring a healthy standard of living for all	x
Quality driving efficiency	x	Giving every child the best start in life	x
High performance employer		Strengthening the role and impact of ill health prevention	x
		Creating and developing sustainable places and communities	x

<b>Lead Clinician:</b> Dr Clive Harries, Clinical Lead Dr Adam Sheppard, Assistant Clinical Chair Dr Abdul Mustafa, Clinical Lead	<b>Lead Director:</b> Jonathan Webb, Chief Financial Officer/Deputy Chief Officer	<b>Lead Manager:</b> Rachael Bolton, Head of Planned Care Katie Roebuck, Head of Urgent Care Simon Rowe, Interim Head of Contracts and Acute Commissioning
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**Risk Rating**  
(likelihood x consequence)

Risk Score:  
Initial: 3x4 = 12  
Previous: 5x4 = 20  
Current: 5x4 = 20

Risk Appetite:  
Initial: 3x3 = 9  
Previous: 3x4 = 12  
Current: 3x4 = 12



**Date last reviewed:** 31 January 20209

**Rationale for Current Score**

Current performance remains unchanged. Fundamental challenge of demand verses capacity with systemic resource limitations constrains our risk appetite.

**Link to risk register**

685 - 18 week referral (score 16)  
879 - 52 week breach (score 12)  
880 - 12 hour breached within A&E (score 9)  
621 - 62 day cancer wait (score 12)

**Key controls in place**

- Wide range of contracts with acute trusts and providers to deliver services
- Planned Care Implementation Group Programme overseeing, through prioritised transformation programmes with specific milestones.
- West Yorkshire and Harrogate Cancer Alliance overseeing West Yorkshire scale transformation and performance improvement initiatives
- Agreed performance trajectories in place and agreed demand trajectories in place.
- Contract includes duty to monitor unexplained variation in referral.
- Agreed performance indicators to monitor MYHT contract with a clear escalation process.
- Direct investment growth has been applied to 19/20 contracts to support the delivery of statutory performance targets.

**Internal Assurance**

- Monthly Performance Report, details key performance, activity and quality data and actions to address performance issues. IQP presented to Integrated Governance Committee (IGC) monthly and summary to Governing Body.
- Mid Yorkshire System Executive Group (MSEG) monitors progress
- Mid Yorkshire A&E Improvement Group (monthly)
- Joint Unplanned Care Improvement Group (JUCIG) (fortnightly)
- Planned Care Improvement Group (PCIG) (monthly)
- Areas of concern are escalated to Contract Steering Group.
- Monitoring of GP referral trends through a developed 'referral dashboard'
- Cancer Locality Group escalates any issues of significance to the Planned Care Improvement Group.
- Urgent Care Implementation Group Programme overseeing through prioritised transformation programmes with specific milestones.

	<p><b>External Assurances</b></p> <ol style="list-style-type: none"> <li>1. A system wide A&amp;E Improvement Group meets monthly</li> <li>2. A system wide Planned Care Improvement Group meets monthly</li> <li>3. System wide Joint Urgent Care Improvement Group meets fortnightly</li> <li>4. Standing agenda items on the above groups – informed by routinely available dashboards - to monitor performance, and escalate to contracting groups where necessary</li> <li>5. NHSE/NHSI assurance meetings.</li> <li>6. Contract Management Meetings held with contracted providers.</li> <li>7. ICS programme boards.</li> </ol>
<p><b>Gaps in controls</b></p> <ol style="list-style-type: none"> <li>1. National shortage of workforce.</li> <li>2. Shared care pathways with LTHT can be challenging (Cancer).</li> <li>3. 52 week waits in particular for trauma and orthopaedics at Leeds</li> <li>4. 35 week waits at Mid Yorkshire Hospitals NHS Trust could cause an increased risk of 52 week breach. This relates specifically to ENT and Gynaecology.</li> <li>5. Shortage of diagnostic capacity.</li> <li>6. Despite building in outpatient growth, it is not assumed that the 92% achievement target will be reached.</li> <li>7. A&amp;E demand growth</li> <li>8. Outstanding pathway development across primary and secondary care.</li> <li>9. New screening programmes and campaigns (whilst a good thing in themselves) increase pressure on referral rates and capacity.</li> <li>10. Constraints within providers limit transformational opportunities.</li> <li>11. Mid Yorkshire Hospitals NHS Trust is taking part in the pilot of the new Urgent Care Performance standard and therefore A&amp;E waiting time performance is not monitored.</li> </ol>	<p><b>Gaps in assurances</b></p> <p>No gaps identified</p>
<p><b>Actions from gaps in controls</b></p> <ol style="list-style-type: none"> <li>1. Clinical summits have taken place for partnership agreements for priority specialties and actions continue to be overseen and developed by PCIG</li> <li>2. NHS England workforce strategy to be shared</li> <li>3. Primary Care Home to help facilitate key performance targets in relation to Integrated Care Partnership</li> <li>4. Cancer Alliance to develop programme of improvement of diagnostics for cancer and ultrasound and training of endoscopists</li> <li>5. Clinical collaboration to be optimised across primary and secondary care</li> <li>6. ICS to review capacity and pathways for 52 week waits across West Yorkshire and Harrogate.</li> <li>7. A&amp;E demand growth is being overseen through JUCIG. Separate workshops have taken place for Wakefield and North Kirklees</li> <li>8. Joint working and discussions underway with MYHT around the shortage of ENT capacity and potential impact on long waits.</li> </ol>	<p><b>Actions from gaps in assurances</b></p> <p>None identified</p>

## GBAF Entry No 9. Commissioning quality and safe care

There is a strategic risk of commissioning poor quality care due to our health and care system's ability to maintain quality while balancing financial, demand and capacity pressures resulting in poorer outcomes for our patients and experience of care

CCG Objectives		Health and Wellbeing Board Priorities	
Effective partnerships	x	Ensuring a healthy standard of living for all	x
Quality driving efficiency	x	Giving every child the best start in life	x
High performance employer	x	Strengthening the role and impact of ill health prevention	x
		Creating and developing sustainable places and communities	x

**Lead Clinician:** Dr Adam Sheppard, Chair and Clinical Leader and Dr Debbie Hallott, Governing Body Member

**Lead Director:** Suzannah Cookson, Chief Nurse

**Lead Manager:** Laura Elliott, Head of Quality

### Risk Rating

(likelihood x consequence)

Risk Score:

Initial: 4x4 = 16

Previous: 3x3 = 9

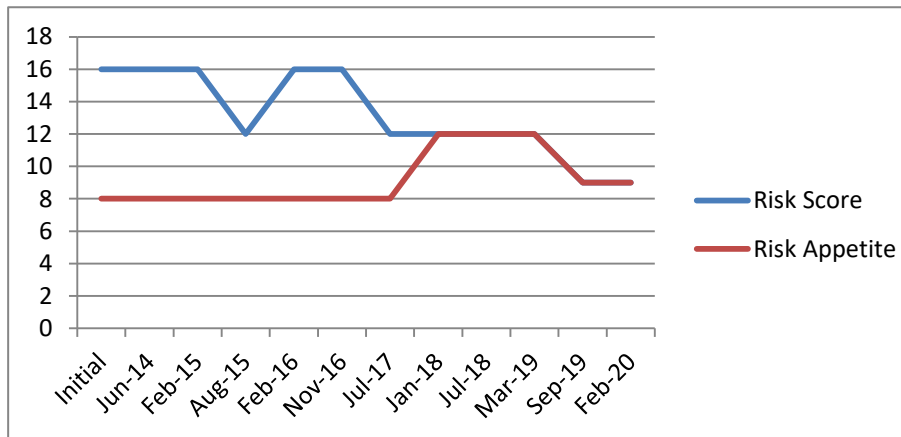
Current: 3x3 = 9

Risk Appetite:

Initial: 2x4=8

Previous: 3x3=9

Current: 3x3=9



**Date last reviewed:** 27 January 2020

### Rationale for Current Score

**Score:** Robust quality assurance arrangements are in place for all major providers hosted by Wakefield CCG. The Care Quality Commission has rated our main acute and community provider as 'requires improvement'. YAS and SWYPFT are rated as 'good'. One GP practice is rated as 'requires improvement' with all others 'good' or 'outstanding'. The score recognises the developing quality assurance process for the Integrated Care Partnership.

**Appetite:** The appetite score reflects the increasingly challenging environment for providers to maintain quality while balancing financial, demand and capacity pressures; however demonstrates the increased commissioner assurance of the quality and experience of care.

### Link to risk register

529 – MYHT CQC (score 8)

1284 – gram negative bacteraemia targets (score 12)

1163 – inadequate care homes (score 12)

### Key controls in place

#### Contractual

- NHS standard contract used for all providers (including independent providers and care homes) includes national and local quality requirements and CQUINS
- Quality elements in locally defined contracts – e.g. GP Wakefield premium practice contract
- Contract monitoring in place for all providers, including non-NHS providers

#### Quality surveillance

- CCG Patient Safety Walkabouts or equivalent in commissioned services (e.g. MYHT monthly, YAS quarterly, SWYPFT and independent providers annually)
- Resident Safety Walkabouts to care homes jointly undertaken with local Authority using PerfectWard®
- NHSE quality review and enhanced surveillance process adopted for local providers
- Quarterly engagement meetings with CQC and Healthwatch
- Monitor CQC action plans for providers rated as 'requires improvement' or 'inadequate'

#### Quality improvement

- Quality Framework developed and approved – December 2019

### Internal Assurances

- Executive Quality Boards for main providers (Mid Yorkshire System Executive Group)
- Quarterly Patient Safety & Outcomes and Experience of Care reports presented to Integrated Governance Committee (IGC) and summary to Governing Body.
- Quality Board and Quality Intelligence Group minutes submitted to IGC (monthly)
- CCG Patient Safety Walkabouts or equivalent in commissioned services (e.g. MYHT monthly, YAS quarterly, SWYPFT and independent providers annually)
- Annual Assurance Visits to GP practices
- CCG in attendance at MYHT Quality Committee (monthly)
- Triangulation of all patient experience through Quality Intelligence Group (monthly)

<p>11. Monitoring areas of risk at MYHT through representation on key improvement groups.</p> <p>12. Quality and Equality Impact Assessment (QEIA) tool developed for West Yorkshire &amp; Harrogate Health Care Partnership transformation programmes and adopted by the CCG to assess and mitigate any clinical quality and patient safety impacts on commissioning decisions</p> <p><u>Transformation</u></p> <p>13. Star Chamber process established for system transformation and recovery (used for each phase of acute hospital reconfiguration (AHR) prior to implementation)</p> <p>14. Working in partnership with other commissioners to identify any gaps in provision and assurance</p>	<p><b>External Assurances</b></p> <ol style="list-style-type: none"> <li>Enhanced surveillance of providers with regulators (one nursing home currently under enhanced surveillance).</li> <li>West Yorkshire Quality Surveillance Group Provider Surveillance Report (two monthly)</li> <li>CQC Inspection reports – MYHT, YAS, SWYPFT, GP practices, care homes. YAS, SWYPFT and 36/37 GP practices rated as Good or Outstanding (as at January 2020).</li> <li>Internal audit report shows ‘high assurance’ with no recommendations – Quality Improvement, July 2019</li> <li>Wakefield CCG case study in CQC Joint framework: Commissioning and regulating together document (Jan 2018)</li> <li>Article in Nursing and Residential Care journal ‘Wakefield CCG leads the way on smart inspecting’ (April 2018)</li> </ol>
<p><b>Gaps in controls</b></p> <ol style="list-style-type: none"> <li>Limited interface with lead commissioners of other providers outside West Yorkshire and Harrogate area regarding quality assurance for services where Wakefield CCG do not hold the contract</li> <li>Governance of Integrated Care Partnership (ICP) quality to be developed further (as identified from Wakefield Health &amp; Care Peer Review)</li> </ol>	<p><b>Gaps in assurances</b></p> <p>No gaps identified at this review</p>
<p><b>Actions from gaps in controls</b></p> <ol style="list-style-type: none"> <li>Strengthening the interface with lead commissioners in other organisations for 2 acute providers in South Yorkshire.</li> <li>Continued development of system quality assurance process for ICP (March 2020)</li> </ol>	<p><b>Actions from gaps in assurances</b></p> <p>None identified at this review</p>



## GBAF Entry No. 10: Delivering the Wakefield General Practice Strategy

There is a risk that General Practice in Wakefield does not deliver the Wakefield General Practice Strategy due to practice resilience and sustainability resulting in failure meaning negative impact on patient experience, failure to deliver statutory duties and delivering the CCG objectives.

CCG Objectives		Health and Wellbeing Board Priorities	
Effective partnerships	x	Ensuring a healthy standard of living for all	x
Quality driving efficiency	x	Giving every child the best start in life	
High performance employer		Strengthening the role and impact of ill health prevention	x
		Creating and developing sustainable places and communities	x

<b>Lead Clinician:</b> Dr Pravin Jayakumar, Governing Body lead for primary care	<b>Lead Director:</b> Melanie Brown, Programme Commissioning Director Integrated Care	<b>Lead Manager:</b> Chris Skelton, Head of Primary Care Co Commissioning
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<b>Risk Rating</b> (likelihood x consequence)  Initial: 4 x 4 = 16 Previous: 3 x 4 = 12 Current: 2 x 4 = 8  Appetite: Initial: 2 x 4 = 8 Previous: 2 x 4 = 8 Current: 2 x 4 = 8	<table border="1"> <caption>Risk Score and Risk Appetite Data</caption> <thead> <tr> <th>Date</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>16</td> <td>8</td> </tr> <tr> <td>Jun-14</td> <td>16</td> <td>8</td> </tr> <tr> <td>Feb-15</td> <td>12</td> <td>8</td> </tr> <tr> <td>Sep-15</td> <td>12</td> <td>8</td> </tr> <tr> <td>Feb-16</td> <td>16</td> <td>8</td> </tr> <tr> <td>Nov-16</td> <td>16</td> <td>8</td> </tr> <tr> <td>Jul-17</td> <td>12</td> <td>8</td> </tr> <tr> <td>Jan-18</td> <td>12</td> <td>8</td> </tr> <tr> <td>Jul-18</td> <td>12</td> <td>8</td> </tr> <tr> <td>Mar-19</td> <td>12</td> <td>8</td> </tr> <tr> <td>Oct-19</td> <td>12</td> <td>8</td> </tr> <tr> <td>Feb-20</td> <td>8</td> <td>8</td> </tr> </tbody> </table>	Date	Risk Score	Risk Appetite	Initial	16	8	Jun-14	16	8	Feb-15	12	8	Sep-15	12	8	Feb-16	16	8	Nov-16	16	8	Jul-17	12	8	Jan-18	12	8	Jul-18	12	8	Mar-19	12	8	Oct-19	12	8	Feb-20	8	8	<b>Date last reviewed:</b> 27 January 2020  <b>Rationale for Current Score</b>  From a strategic position the CCG has an effective system of diagnosis and interventions that have proven to support GP resilience.  Continue to make significant progress in supporting individual practices. There are several examples of effective management of GP resilience which gives confidence to the current controls in place.
		Date	Risk Score	Risk Appetite																																					
Initial	16	8																																							
Jun-14	16	8																																							
Feb-15	12	8																																							
Sep-15	12	8																																							
Feb-16	16	8																																							
Nov-16	16	8																																							
Jul-17	12	8																																							
Jan-18	12	8																																							
Jul-18	12	8																																							
Mar-19	12	8																																							
Oct-19	12	8																																							
Feb-20	8	8																																							
	<b>Link to risk register</b>  1282 – IT Contract (score 5) 730 – Cyber-attack (score 12) 1416 – GP practice resilience (score 6) 1417 – GP Network resilience (score 8)																																								

<b>Key controls in place</b> <ol style="list-style-type: none"> <li>Wakefield General Practice Resilience Academy continues to support individual practices with resilience issues</li> <li>Conexus works with practices and Networks to deliver education and training. Conexus also enables general practice to operate at scales (eg care navigation)</li> <li>GP Representation at the Integrated Care Partnership Board acting on behalf of General Practice in the Wakefield District.</li> <li>Local contracting arrangements in place with practices which address access and clinical effectiveness.</li> <li>Annual Network Assurance visits (individual practices by exception)</li> <li>Development of Primary Care Network supported by the Network Direct Enhanced Service (DES) and the Network Supplementary Contract.</li> <li>Implementation of the Wakefield CCG Primary Care Strategy.</li> <li>Primary Care Team support to the Networks.</li> </ol>	<b>Internal Assurances</b> <ol style="list-style-type: none"> <li>Engagement and consultation with Primary Care through Network Assurance Visits (individual practices by exception) and GP membership meetings</li> <li>Probity Committee updates on a quarterly basis – next update due March 2020</li> <li>Training delivered to Primary Care via Conexus and Resilience Academy during 2020/21</li> <li>Primary Care Performance Meeting (Meets every 6 weeks)</li> <li>Introduction of the Practice Network Forum (monthly) wef January 2020</li> </ol> <b>External Assurances</b> <ol style="list-style-type: none"> <li>Wakefield Primary Care and CCG are members of the ICS Primary Care (GP) Workforce Reference Group</li> <li>Wakefield CCG has representation on the ICS Primary and Community Care work stream</li> </ol>
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<p>9. APEX Insight Tool to aid workforce planning and support demand and capacity management at Practice and Network level.</p>	<p>3. General Practices receive CQC ratings  4. Overview and Scrutiny Committee will receive regular updates (January 2020)  5. Briefing to elected members at Wakefield Council on key areas of development, including General Practice on a regular basis  6. NHS England Assurance meetings (monthly)</p>
<p><b>Gaps in controls</b></p> <ol style="list-style-type: none"> <li>1. Targeted support sought for primary care estates and workforce.</li> <li>2. Extend the use of digital technology to make use of the workforce in a more effective manner.</li> <li>3. Uncertainty regarding Primary Care financial planning over the next four years.</li> </ol>	<p><b>Gaps in assurances</b></p> <ol style="list-style-type: none"> <li>1. Internal assurance on workforce planning</li> </ol>
<p><b>Actions from gaps in controls</b></p> <ol style="list-style-type: none"> <li>1. Development of a workforce plan within each Primary Care Network and implementation of the Additional Roles Reimbursement Scheme.</li> <li>2. Further support to Primary Care Home Leadership teams to ensure effective use of resources across the system.</li> <li>3. Further engagement with the ICS Digital Team and CCG IT/Primary Care staff in implementing the Digital scheme set out in the 5 year Framework for General Practice.</li> <li>4. Awaiting further guidance from NHS England regarding future financial planning.</li> </ol>	<p><b>Actions from gaps in assurances</b></p> <ol style="list-style-type: none"> <li>1. Develop internal assurance process on workforce planning</li> </ol>

## GBAF Entry No. 11: Financial Economy

There is a risk that the CCG is limited in its ability to commission innovative and high quality services for the population of Wakefield. Due to the requirement to pay back historic deficits, the allocation settlement for Primary Care Co-commissioning and the current model of service delivery in Wakefield which is relatively acute hospital based. Resulting in the CCG and local providers breaching their statutory financial duties, a lack of financial flexibility for pump-priming new service models with the consequence potential detrimental impact on service quality and access

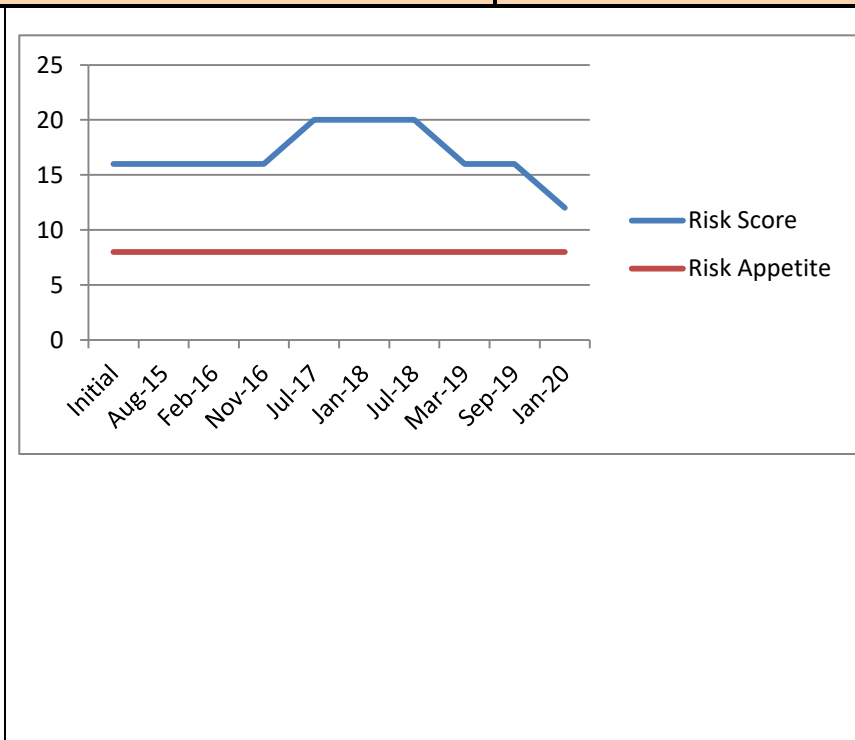
CCG Objectives		Health and Wellbeing Board Priorities	
Effective partnerships	x	Ensuring a healthy standard of living for all	x
Quality driving efficiency	x	Giving every child the best start in life	x
High performance employer	x	Strengthening the role and impact of ill health prevention	x
		Creating and developing sustainable places and communities	x

<b>Lead Clinician:</b> Dr Adam Sheppard, CCG Chair	<b>Lead Director:</b> Jonathan Webb, Chief Finance Officer/Deputy Chief Officer	<b>Lead Manager:</b> Karen Parkin, Associate Director of Finance and Contracting
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**Risk Rating**  
(likelihood x consequence)

Risk Score:  
Initial: 4x4=16  
Previous: 4x4=16  
Current: 3x4=12

Risk Appetite:  
Initial: 2x4=8  
Previous: 2x4=8  
Current: 2x4=8



**Date last reviewed:** 28 January 2020

**Rationale for Current Score**

Whilst there is a significant investment into the NHS over the next 5 years, the CCG is still part-way through financial recovery and the financial outlook in Wakefield across commissioners and providers continues to look challenging.

There remain significant financial risks to the CCG and the Wakefield system given the current trends on activity growth, the outlook for CCG and WMDC budgets/allocations (particularly the CCGs primary care allocation where growth is significantly less than the England average), and lack of national recurrent support for the additional costs related to the PFI hospitals at Pinderfields and Pontefract. Further work is required to understand and plan for a whole system response to the financial challenge. It also unclear how financial control totals and accountability will develop over the next few years.

The reduction in the risk score reflects the CCG's confidence in the delivery of the 2019/20 financial plan.

**Link to risk register**

- 624 – Quality Premium (score 6)
- 825 – VAT (score 6)
- 1099 – HMRC Customs (score 4)
- 1169 – prescribing budget (score 15)
- 1352 – Running Costs (score 12)
- 1355 – QIPP (score 4)

**Key controls in place**

- Transformation work-streams in place for planned care improvement group (PCIG) and urgent care improvement group (UCIG) supported by governance mechanisms, including acute system-wide recovery actions.

**Internal Assurances**

- Financial reports to every meeting of the Governing Body and Finance Committee provide assurances on financial delivery and risk.
- Clinical Cabinet scrutinise and agree appropriate QIPP schemes. Minutes go to

<ol style="list-style-type: none"> <li>2. All QIPP schemes are supported by Plans on a Page and Integrated Impact Assessments.</li> <li>3. Robust governance arrangements to review financial performance (including efficiency delivery) via Finance Committee, Programme Board and Delivery Clinic.</li> <li>4. Development of the Integrated Care Partnership approach across Wakefield to support the transformation of services with the associated changes to investment priorities.</li> <li>5. Ensuring full engagement and involvement in the transformation work being undertaken across the West Yorkshire and Harrogate Integrated Care System.</li> <li>6. Full budget management system with budgets and contracts in place; financial plan and risks and mitigations.</li> <li>7. Robust financial governance in place including scheme of delegation.</li> <li>8. The effectiveness of Mid Yorkshire System Efficiency Group (MYSEG) has been reviewed and Terms of Reference currently updated to become more strategic with a strong oversight of the system efficiency programmes.</li> <li>9. Review and refresh of existing programmes with a 'check and confirm panel' to be held mid-March 2020. This will decide the programmes of work for 2021/22</li> <li>10. The 2019/20 financial plan included a £2.3m gap which has been mitigated via use of contingency and other budget flexibilities</li> </ol>	<p>Governing Body.</p> <ol style="list-style-type: none"> <li>3. Audit Committee scrutinises and provides guidance on Internal Audit reports.</li> <li>4. Annual Governance Statement is the Governing Body assessment of how well the organisation is governed (May 2020)</li> <li>5. Governing Body approve annual CCG financial plan prior to start of financial year. (March 2020)</li> <li>6. Regular financial reporting on a system basis is presented monthly to ICP Board</li> <li>7. Quarterly financial assurance is given at Contract Steering group as part of the Aligned Incentive Contract</li> </ol>
<p><b>Gaps in controls</b></p> <ol style="list-style-type: none"> <li>1. Control mechanism around implementation of any actions identified by ICS (eg pathway policies)</li> <li>2. Building stronger links between MYSEG and ICP in order to release greater system efficiency</li> </ol>	<p><b>External Assurances</b></p> <ol style="list-style-type: none"> <li>1. Financial recovery plan reviewed and approved by NHS England (Approved June 2019)</li> <li>2. External Audit satisfied with arrangements on securing efficiency, economy, effectiveness as part of annual accounts process (May 2019)</li> <li>3. Head of Internal Audit opinion provides 'significant assurance' as part of annual accounts process (May 2019)</li> <li>4. NHS England quarterly assurance meetings have included a review of finance.</li> <li>5. Improved transparent reporting at ICS level which includes monthly financial positions of all West Yorkshire and Harrogate ICS organisations.</li> </ol> <p><b>Gaps in assurances</b></p> <p>None identified currently</p>
<p><b>Actions from Gaps in controls</b></p> <ol style="list-style-type: none"> <li>1. Continued discussion at Executive Level on financial recovery and impact on the system as a whole versus individual organisations; including identification areas for future review.</li> <li>2. Renewed focus through team and individual objectives on working across the West Yorkshire and Harrogate ICS.</li> <li>3. Identification of 2020/21 schemes</li> </ol>	<p><b>Actions from gaps in assurances</b></p> <p>None identified currently</p>

## GBAF Entry No. 12 : High performing employer

There is a risk of organisational strategic objectives not being fully achieved due to workforce processes not being fully developed or embedded within the organisation resulting in an inability to recruit and retain appropriately skilled staff, low productivity and deterioration in performance.

CCG Objectives		Health and Wellbeing Board Priorities	
Effective partnerships	x	Ensuring a healthy standard of living for all	x
Quality driving efficiency	x	Giving every child the best start in life	x
High performance employer	x	Strengthening the role and impact of ill health prevention	x
		Creating and developing sustainable places and communities	x

<b>Lead Clinician:</b> N/A	<b>Lead Director:</b> Ruth Unwin, Director of Corporate Affairs	<b>Lead Manager:</b> Suzie Tilburn, Associate Director of HR and OD
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<b>Risk Rating</b> (likelihood x consequence)  Risk Score: Initial: 3x4 = 12 Previous: 2x4=8 Current: 1x4= 4  Risk Appetite: Initial: 1x4=4 Previous: 1x4=4 Current: 1x4=4	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Time Point</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>12</td> <td>4</td> </tr> <tr> <td>Mar-19</td> <td>8</td> <td>4</td> </tr> <tr> <td>Sep-19</td> <td>8</td> <td>4</td> </tr> <tr> <td>Jan-20</td> <td>4</td> <td>4</td> </tr> </tbody> </table>	Time Point	Risk Score	Risk Appetite	Initial	12	4	Mar-19	8	4	Sep-19	8	4	Jan-20	4	4	<b>Date last reviewed:</b> 31 January 2020
		Time Point	Risk Score	Risk Appetite													
Initial	12	4															
Mar-19	8	4															
Sep-19	8	4															
Jan-20	4	4															
<b>Rationale for Current Score</b> Strong controls in place and therefore the likelihood of an inadequate workforce is minimised.																	
<b>Link to risk register</b> 1299 – MAST and PDR (risk score 4)																	

<b>Key controls in place</b> People Strategy in place, including Employee Wellbeing.(To be reviewed by April 2020) Comprehensive suite of HR policies (including recruitment and retention, performance management, grievance and disciplinary) Training programme for managers in place to ensure competence and compliance. Individual and team objectives linked to organisational objectives and staff personal development needs identified via annual PDR process to start April 2020. Staff encouraged to access to wider learning and development, including access to coaching and mentoring opportunities to support development Staff Forum (staff engagement) - monthly Staff awards and recognition schemes – monthly recognition and annual event Staff communications mechanisms – including monthly staff briefing, Skyline, Chief Officer's blog and directorate briefings. Formal Trade Union Recognition Agreement and partnership working . Leadership programmes, including future clinical leadership and executive SLT delivered . Values based induction . Workplace well-being week and on-going activities . Carers' support network launched . Annual staff survey and action plan	<b>Internal Assurances</b> Policies approved through IGC in line with agreed review dates MAST Compliance data included in IGC reports and Directorate People Plans Staff survey action plan monitored through IGC (bi-annually) and to Governing Body Annually. Six monthly Workforce Report to IGC Quarterly people planning meetings with Directors PSED and WRES reports to IGC  Annual Governance Statement  Annual Report . .
	<b>External Assurances</b> Staff survey benchmark information shared nationally and by NHS England for the Integrated Assurance Framework IAF (includes assessment of Quality of Leadership) Annual report reviewed by external audit Internal audit reports

.	Wakefield Workplace Wellbeing charter mark accreditation obtained September 2019 Disability Confident accreditation until 5 August 2020 when it will be reviewed
<b>Gaps in controls</b> People strategy requires refresh in Q4	<b>Gaps in assurances</b> Quarterly workforce report for IGC shows compliance with PDR and MAST is not 100%
<b>Actions from gaps in controls</b> People strategy to be refreshed in Q4	<b>Actions from gaps in assurances</b>  Directors issued with monthly MAST compliance report for their directorate. Line managers can view MAST compliance in real time via ESR. Staff are sent reminders by email.