QUARTER 4 2009_2010

SOMERSET PRIMARY CARE TRUST

ASSURANCE FRAMEWORK 2009_2010

1	**Strategic Objective**	To ensure that services are provided in a fair and equitable manner, working with other stakeholders to deliver services which support individual aspirations and needs				
Risk to meeting objective		**Key Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A1	The Primary Care Trust fails to ensure adequate access to achieve waiting times targets	• Service Level Agreements agreed with principal acute trust providers detailing performance targets • Quarterly performance meetings with providers to review performance	• Monthly Performance Reports to Board (M) • Quarterly Integrated Governance Committee reports and minutes to Board (M) • Monthly Reports to Professional Executive Committee (M)	**4**	**5**	**20**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A1	• 18 week RTT data not sufficient	• None identified	• Weekly monitoring of performance • Action plans agreed with acute trusts to ensure that waiting times are met • Detailed review of RTT data and waiting lists • Direct support for waiting list management	**Director of Finance and Performance**	**30/06/2010**	**12**

1	**Strategic Objective**	To ensure that services are provided in a fair and equitable manner, working with other stakeholders to deliver services which support individual aspirations and needs				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A3	The Primary Care Trust fails to control emergency admissions into acute Trusts	• Quarterly Performance Monitoring meetings with providers to review performance • Practice Based Commissioning Plans and Practice Based Commissioning Enhanced Services Plans focused on reducing emergency admissions reviewed through Professional Executive Committee and the Board Practice Based Commissioning schemes to be implemented and closely monitored through Professional Executive Committee	• Monthly Performance Report to Board (M) • Professional Executive Committee reports (M) • NHS South West Performance Reports (M)	**4**	**3**	**12**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A3	• None identified	• None identified	• Review of effectiveness between Professional Executive Committee and wyvernhealth.com	**Director of Finance and Performance/ Director of Primary Care Development**	**30/06/2010**	**8**

2	**Strategic Objective**	To ensure that the views of service users and carers are central to the development of services so we can respond to their needs and improve services				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A4	The Primary Care Trust fails to put in place proper arrangements to ensure that services meet the needs of patients and taxpayers, and for engaging with the wider community	• Patient and Public Involvement Strategy and Action Plan • PPI Steering Group in place to offer regular soundings as to performance • Service Level Agreements with SBDA and FEDS to ensure seldom heard groups have a voice • Close working with LINk to provide external assessment of PCT performance • Real involvement training rolled out to all NHS Somerset staff to ensure awareness and understanding of Trust standards • Requirement for Equality Impact Assessments to be undertaken for all functions and policies built into governance framework • World Class Commissioning action plan reviewed through Steering Group and reports to the Board • Public polling reports	• Quarterly Patient Safety and Patient Experience Reports to Integrated Governance Committee (L) • Quarterly Reports from Integrated Governance Committee to Board (M) • Quarterly Patient Advice and Liaison Service reports to Board (M) • Annual Patient Surveys (H) • Regular Patient Satisfaction Questionnaires (L) • Annual LINks statement to Annual Health Check (M) • Quarterly Complaints reports to Board (M) • Six monthly Performance reports to the Board on Patient and Patient Experience and Equality and Diversity (M) • Quarterly Media Analysis reports to the Board (L) • Six monthly public polling reports (M) • Internal Audit (H)	**4**	**2**	**8**

	Gaps in Controls	Gaps in Assurance	Actions Planned to Reduce Risk	Lead	Review Date	Residual Risk Score
A4	• LINk not fully operational and specific Health Scrutiny Committee no longer in place • Not all providers have agreed performance standards	• None identified	• Develop and implement key performance indicators for public involvement • Develop systematic monitoring of patient surveys and feedback	**Director of Corporate Services**	**30/06/2010**	**9**

3	**Strategic Objective**	To work in partnership with statutory, independent and third sector organisations to ensure a whole systems approach to the commissioning of services, within available financial resources, resulting in seamless services meeting the needs of service users				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A5	The Primary Care Trust fails to effectively engage with all GP practices to deliver robust practice based commissioning plans for services outside of hospital	• All practices signed up to Practice Based Commissioning Directed Enhanced Service • Close Liaison with Local Medical Committee and Wyvern Health Consortium • Ardentia product providing regular reports to practices • Practice Based Commissioning Plan to Reduce Emergency Admissions involves al practices and is monitored regularly through the Professional Executive Committee and the Board • Regular meetings and communication with Wyvern Health •	• Internal Audit (H) • Quarterly Performance Report to Board (M) • Close monitoring through Professional Executive Committee and reports to Board (M) • Quarterly Integrated Governance Committee and minutes to Board (M)	**3**	**4**	**12**

Gaps in Controls		Gaps in Assurance	Actions Planned to Reduce Risk	Lead	Review Date	Residual Risk Score
A5	• Financial savings are not being delivered from transfer of care from acute trusts		• Ensure financial and clinical risk assessment of all schemes • Review of effectiveness between Professional Executive Committee and wyvernhealth.com	**Director of Primary Care Development**	**30/06/2010**	**8**

10	**Strategic Objective**	To work in partnership with statutory, independent and third sector organisations to ensure a whole systems approach to the commissioning of services, within available financial resources, resulting in seamless services meeting the needs of service users				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A19	Implications of managing Pandemic Flu and Mass Vaccination programme	• Pandemic Flu Plan and Mass Vaccination Plan in place • Regular financial monitoring of expenditure in respect of flu and mass vaccination • Flu Planning Group in place to review actions • Joint Commissioning Board for Out of Hours reviewing impact • Impact assessment undertaken following Exercise Coldplay II	• Monthly Board reports (L) • Quarterly Integrated Governance Committee reports and minutes (M) • Monthly Local Resilience Forum reports (M) • Monthly Strategic Health Authority monitoring and reports (M) • Regular monitoring by Government South West (H)	**5**	**3**	**15**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A19	• Testing of Business Continuity Plans	• None identified	• Review and testing of Business Continuity Plans	**Joint Director of Public Health**	**30/06/10**	**5**

10	Strategic Objective	To work in partnership with statutory, independent and third sector organisations to ensure a whole systems approach to the commissioning of services, within available financial resources, resulting in seamless services meeting the needs of service users				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A21	Future allocations may be lower than previously anticipated and prior year surpluses repaid over longer periods	• Five Year Financial Plan • Strategic Framework 2009/10 – 2013/14 • Financial Reporting process • Budgets and programmes	• Quarterly Reports to Audit Committee (M) • Quarterly Finance Report to Board (M) • Monthly Board Review of NHS Financial Outlook (M) • Internal Audit (H) • External Audit (H)	**4**	**3**	**12**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A21	• Reduced growth anticipated after 2010/11	• None identified	• Robust forward plans have been prepared and will be reviewed in the context of the changing financial position	**Director of Finance and Performance**	**30/06/2010**	**12**

4	**Strategic Objective**	To ensure that care is provided in safe, clean environments that support health and wellbeing for service users				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A6	The Primary Care Trust fails to put in place appropriate policies and procedures for infection control	• Infection Control policies approved • Trust and Provider Services Control of Infection Committees in place and reviewing performance and incidents • Monthly reporting systems in place to the Board to monitor performance • Infection control training available for all relevant staff • Infection control audit programme, including hand washing, rolled out across all sites • Root cause analysis undertaken of all incidents relating t infection control • Quarterly Quality and Patient Safety Meetings with providers	• Annual Control of Infection report for NHS Somerset and Somerset Community Health (M) • Quarterly Infection Control Reports to Patient Safety and Quality Assurance Group (M) • Quarterly Reports to Integrated Governance Committee (M) • Quarterly Reports to the Board on Infection control and MRSA/C (M) Difficile • Annual Care Quality Commission registration/review (H)	**4**	**2**	**8**

Gaps in Controls		Gaps in Assurance	Actions Planned to Reduce Risk	Lead	Review Date	Residual Risk Score
A6	• absence of dedicated ICD sessions for Somerset Community Health and NHS Somerset	• None identified	• Review SLA with Somerset Pathology Service to establish dedicated sessions	**Director of Nursing and Patient Safety**	**30/06/2010**	**8**

4	**Strategic Objective**	To ensure that care is provided in safe, clean environments that support health and wellbeing for service users				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A7	The Primary Care Trust fails to effectively maintain and modernise its estate to promote effective care and to optimise health outcomes	• Estates Strategy in place setting out plans to redevelop community hospitals and primary care estate • Estates Strategy Group reviews action regularly and provides risk report to the Health and Safety Committee • Patient Environment Action Team inspections undertaken annually to provide assurance • Service Level Agreements in place for maintenance programmes reviewed regularly through Estates Strategy Group • Capital Programme in place to address backlog maintenance	• Internal Audit (H) • Quarterly Finance and Performance Reports (M) • Six Monthly Health and Safety and Environments Committee reports to Integrated Governance Committee (L) • Annual Patient Environment Action Team inspections reports (M) • Annual Estates Return Information Collection reports and benchmarking (H)	**4**	**2**	**8**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A7	• None identified	• None identified	• Completion of review of utilisation and functional suitability • Revise Estate Strategy in line with Transforming Community Services	**Director of Corporate Services**	**30/06/2010**	**8**

5	Strategic Objective	To ensure that high standards of patient safety, are embedded throughout the organisation and those organisations through which care is provided and commissioned				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A20	The Primary Care Trust fails to implement effective system management for health and safety across the organisation	• Health and Safety Committee in place, responsible for reviewing • Health and Safety Implementation Groups for Somerset Community Health and NHS Somerset, reviewing regularly the inspection programmes • Health and Safety Policy approved with guidelines for implementation • Service Level Agreements with Competent Advisors to ensure effective systems and policies • Six monthly Performance reports to the Board	• Six monthly Reports to Health and Safety and Environment Committee (L) • Six monthly reports to Integrated Governance Committee and Somerset Community Health Committee and minutes to the Board (M) • Ad hoc HSE Reports (H)	**4**	**3**	**12**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A20	• None identified	• None identified	• Delivery, monitoring and review of health and safety policies and procedures within all sites	**Director of Corporate Services**	**30/06/2010**	**8**

6	**Strategic Objective**	To improve the health of communities and reduce health inequalities, supporting people in Somerset to take responsibility for and improve their own health, lead a healthier lifestyle and prevent illness				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A11	The Primary Care Trust fails to achieve smoking cessation targets	• Smoking Cessation Plan in place setting out targets and trajectory • Enhanced Services Agreements in place with General practices setting out performance targets • Weekly monitoring in place to ensure achievement • Communications plan in place linked to National Smoke Stop campaign and local campaigns	• Monthly Performance Report to Board (M) • Monthly Performance report to the Professional Executive Committee (M) • Annual Public Health Report (M) • CQC Periodic Review (H) • Annual QOF Report to Professional Executive Committee (L)	**3**	**3**	**9**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A11	• None identified	• None identified	• Social Marketing Campaign linked to Smoke Free South West	**Joint Director of Public Health**	**30/06/2010**	**9**

6	Strategic Objective	To improve the health of communities and reduce health inequalities, supporting people in Somerset to take responsibility for and improve their own health, lead a healthier lifestyle and prevent illness				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A12	The Primary Care Trust fails to tackle obesity issues effectively	• Obesity Strategy in place setting out short and long term plans • Action Plan • Obesity Care pathways in place • Height and Weights measurements for school children • Health Promotion campaigns planned and delivered during the year, including 5-A-Day programme, Do Activity Stay Healthy programme • Media advertising campaigns • World Class Commissioning Health Outcomes for CHD	• Quarterly Performance Report to Board (m) • Quarterly Reports to the Professional Executive Committee (M) • Regular update briefings to Board (L)	**3**	**3**	**9**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A12	• Difficulties of assessing if sufficient progress is being made as part of long term strategy	• None identified	• Implement action plans	**Joint Director of Public Health**	**30/10/2010**	**9**

7	**Strategic Objective**	To deliver a health education programme and provide high quality information about services, treatment and performance, allowing people to make informed choices about self care, disease management and complex care				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A13	Shared service fails to provide adequate information management and technology support	• Chief Executive chairs the Somerset Health Informatics Board • Service Level Agreement in place with Somerset Health Informatics Service, setting out standards • Internal IT department in place • Information Technology Strategy and Action Plan	• Risk Management Standards for Primary Care Trusts Level 1 assessment (H) • Annual Information Governance Toolkit assessment (M) • Quarterly Freedom of Information reports to Information Governance and Health Records Committee (L) • Six monthly Integrated Governance Committee Reports (L) • Internal Audit (H) • External Audit (H)	**4**	**3**	**12**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A13	• Robust business continuity plans not in place	• None identified	• Business Continuity Plans to be reviewed	**Director of Information Technology**	**30/06/2010**	**8**

7	Strategic Objective	To deliver a health education programme and provide high quality information about services, treatment and performance, allowing people to make informed choices about self care, disease management and complex care				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A14	The Primary Care Trust fails to have information strategies and record management strategies that identify what data is held and where by different parts of the organisation	• Information Governance toolkit returns produced annually with organisational assessment of progress • Records Management Strategy and Policies in place with standards for record keeping • Records Audits undertaken regularly to confirm policies being adhered to • Performance reviewed through the Information Governance and Health Records Committee • Information Governance Toolkit action plan • Records Audit programme	• Risk Management Standards for Primary Care Trusts Level 1 assessment (H) • Quarterly report to the Integrated Governance Committee (M) • Six monthly performance reports to the Board (M) • Quarterly Clinical Audit reports to Quality and Patient Safety Committee (M) • Annual Information Governance Toolkit assessment (M)	**4**	**2**	**8**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A14	• Consistent review of records management procedures not in place across the organisation	• None identified	• Implement review storage capacity as part of Estate Strategy • Roll out training on revised Records Management Strategy	**Director of Corporate Services**	**30/06/2010**	**8**

8	**Strategic Objective**	To ensure service users are treated with dignity and respect, recognising the diversity of their needs, expectations and beliefs				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A15	The Primary Care Trust fails to meet its statutory obligations in respect of race, age, gender and disability equality	• Equality and Diversity Strategy, incorporating Equality Schemes and Action Plans in place with detailed action plan • Equality and Diversity Steering Group reviews performance against action plan, including external agencies • Mandatory Training Programme for equality and diversity delivered to all staff • Equal Opportunities Policy in place and monitored through Workforce Information reports • Community Development Worker programme established and reviewed through quarterly performance assessment with SREC • Requirement for Equality Impact Assessments to be undertaken for all functions and policies built into governance framework • Translation/Interpretation Service in place and monitored for usage • SLAs with FEDS and SREC	• Six monthly Equality and Diversity performance reports (M) • Annual Report on Equality and Diversity (L) • Healthcare Commission review of compliance with Race Equality Scheme (H) • Disability Rights Commission Review of Single Equalities Scheme (H) • NHS South West web audit (M) • Equality and Human Rights Commission Compliance Audit (H)	**4**	**2**	**8**

Gaps in Controls		Gaps in Assurance	Actions Planned to Reduce Risk	Lead	Review Date	Residual Risk Score
A15	• Requirement for better workforce information	• None identified	• Data cleansing exercise for workforce information	**Director of Corporate Services**	**30/06/2010**	**8**

9	**Strategic Objective**	To ensure staff are treated with dignity and respect , valued, motivated and inspired to provide high quality services, promoting safe and effective care				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A16	The Primary Care Trust fails to ensure that all staff attend compulsory training	• Workforce Strategy • Training Prospectus published and attendance reviewed regularly with directorates • Electronic Staff Record training records up to date to ensure proper attendance rates • Regular reports to Management Team and Integrated Governance Committee	• Quarterly Workforce Information Reports to Board (M) • Quarterly Reports to Joint Management and Staff Committee (M) • Annual Staff Survey (M)	**4**	**2**	**8**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A16	• None identified	• None identified		**Director of Workforce**	**30/06/2010**	**8**

10	Strategic Objective	To achieve excellence and best value for money, within available resources, in service provision and service development by actively promoting evidence based practice and continuous quality improvement				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A17	The Primary Care Trust fails to ensure systems and processes support delivery of the Comprehensive Area Assessment (CAA) and Use of Resources assessment	• CAA action plan in place setting out required actions • Quarterly reports to Finance department on performance	• Annual Reports to Audit Committee (M) • Annual CAA assessment (H) • Internal Audit (H) • External audit (H)	**4**	**2**	**8**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A17	• External Auditors identify a number of issues arising from Audit of the 2008/09 financial year adversely impacting on ALE scores	• None identified		**Director of Finance and Performance**	**30/06/2010**	**8**

10	Strategic Objective	To achieve excellence and best value for money, within available resources, in service provision and service development by actively promoting evidence based practice and continuous quality improvement				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A18	Continued financial and resource implications, due to number and type of referrals, following the introduction of revised framework for Continuing Health Care	• Countywide Continuing Health Care leads meeting to oversee Continuing Health Care process • Governance arrangements in place with Continuing Health Care panels • Strengthened the Continuing Care Team Structure • Continued financial modelling on Free Nursing Care reviews and detailed review of arrangements with Director of Finance • Continuing Health Care Operational Policy in place • New software system installed for Continuing Health Care and for funded nursing care	• Quarterly Reports to Integrated Governance Committee (M) • Monthly Finance and Performance Reports to Board (M) • Monthly Finance and Performance Reports to Professional Executive Committee (M) • Monthly updates to Board (L)	**4**	**4**	**16**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A18	• Further review of financial impact required for 2010/11 and beyond	• None identified	• Action plan • Countywide process reviewed	**Director of Nursing and Patient Safety**	**30/06/2010**	**12**

11	Strategic Objective	To ensure that the principles of good governance are embedded throughout the organisation				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A22	The Primary Care Trust fails to achieve ongoing satisfactory level of assurance for World Class Commissioning	• World Class Commissioning self assessment undertaken and reviewed regularly • World Class Commissioning Steering Group in place which reviews performance against World Class Commissioning Action Plan • Fortnightly steering group meetings • Board development programme in place	• Monthly Reports to Board (M) • Board Seminar programme (L) • Annual World Class Commissioning Assurance Panel and Report (H)	**4**	**2**	**8**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A22	• None identified	• None identified	•	**Deputy Chief Executive/ Director of Strategic Development**	**30/06/2010**	**8**

11	Strategic Objective	To ensure that the principles of good governance are embedded throughout the organisation				
Risk		**Controls**	**Assurance**	**Consequence**	**Likelihood**	**Risk Score**
A23	The Primary Care Trust fails to implement effective corporate governance arrangements in line with 'Transforming Community Services'	• Transforming Community Services programme considered by Somerset Community Health Committee and Primary Care Trust Board • Joint Management and Staff Committee (JMSC) and organisational Team briefings in place to ensure staff are kept informed • Performance reports and scorecard considered by Somerset Community Health Committee and Primary Care Trust Board • Detailed implementation plan • Detailed staff engagement plan	• Quarterly Reports to Board (M) • Board Seminar programme (L) • Bi-monthly Reports to Somerset Community Health Committee and minutes to the Board (M)	**4**	**3**	**12**
Gaps in Controls		**Gaps in Assurance**	**Actions Planned to Reduce Risk**	**Lead**	**Review Date**	**Residual Risk Score**
A23	• Clarification/additional guidance awaited	• None identified	• Implement guidance when published	**Deputy Chief Executive/ Director of Strategic Development**	**30/06/2010**	**12**