

**Clinical Commissioning Group Governing Body
 Paper Summary Sheet**

Date of Meeting: 22 November 2016

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/16/11/16 Board Assurance Framework & Risk Register
Author:	Susannah Long, Governance & Risk Manager
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance & Corporate Services
Executive summary:	<p>The Board Assurance Framework (BAF) identifies risks to the agreed 2016/17 strategic objectives of the organisation that may happen, to allow the CCG to examine existing controls and assurances of those controls and to identify any gaps that need to be addressed.</p> <p>The CCG high level risk register is a document identifying the top risks to the strategic objectives of the organisation. The Audit and Assurance Committee recommends ten risks on the high level risk register for consideration by the Governing Body.</p>
Evidence in support of arguments:	Items on the risk register and the BAF will also appear as papers on various committee agenda.
Who has been involved/contributed:	<p>The Executive Team of the CCG have been asked to contribute new risks to the risk register and ensure that progress against existing recorded risks is detailed. The Executive Team have also contributed to the BAF.</p> <p>The Audit and Assurance Committee (AAC) has considered and discussed both the BAF and Risk Register to ensure that these correctly reflect the risk profile of the CCG.</p>
Cross Reference to Strategic Objectives:	The BAF and Risk Register contribute to the governance arrangements of the CCG and support all Strategic Objectives.

Engagement and Involvement:	The BAF and Risk Register are internal mechanisms and have had engagement from CCG staff.
Communications Issues:	The BAF and Risk Register are treated as public documents and will be available for release under the FOI Act.
Financial Implications:	None.
Review arrangements:	AAC will receive the updated BAF and risk register at each meeting.
Risk Management:	The BAF and Risk Register are communication and analysis tools that contribute to CCG risk management.
National Policy/ Legislation:	The CCG is required to have a BAF and Risk Register in place.
Equality & Diversity:	An EIA has not been undertaken as this document reports on the detail of the BAF & Risk Register in support of the Risk Management Strategy.
Other External Assessment:	The BAF and Risk Register will be scrutinised by Internal Audit as part of Governance audits.
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body is asked to consider the current BAF and High Level Risk Register, look at progress and seek further assurance from Directors as required.

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan November 2016

Principal strategic objective	Issue impacting on achievement of strategic objective	Key controls and systems supporting issue management	Positive assurances of controls (the available evidence on the effectiveness of the controls / systems)	Gaps in controls and systems (or weak controls and systems)	Gaps in assurance (poor evidence of effectiveness of controls and systems)	Date of Last Review	Director Lead	Action Plan	By when	Status	Comments/Updates
A. To drive towards a clinically led model which delivers integrated high quality patient services within the community based upon neighbourhood teams to provide 'wrap around' care at or close to home.											
A.01	Achieving integrated commissioning to support the strategic objectives of CCG, the 5 Year Strategy and Better Care Fund.	Governing body reports; Joint Commissioning Board; Director of Integration; Integrated Performance Report; Engagement with Sustainable Transformation Plan (STP) Board; Emergent Sustainable Transformation Plan Plan.	Governing Body minutes; Positive relationships at Health & Wellbeing Board; Assessment of Integrated Team performance summer 2016.	None	None	02/11/2016	Interim Accountable Officer	No action needed		Green	
B. Commission appropriate services to meet the needs of the local population and national priorities, delivered in the right place (ideally in a primary and community care setting) and accessible at the right times identifying and addressing health inequalities.											
B.01	Key partner/contractors/providers may be unable to provide commissioned services.	Contracts for commissioned services with KPI; Contract performance arrangements (CSU support); Contract Managers; Integrated Performance Report; Systems Resilience Group; Provider licensing by Monitor.	Governing Body members receive Integrated Performance Report on a monthly basis.	None	None	02/11/2016	Director of Planning, Performance and Corporate Services / Group Directors	No action needed		Green	
B.02	Full delegated commissioning of Primary Care expected to come to the CCG wef April 2017.	Joint Primary Care Commissioning Committee; NHSE documented arrangements; Paper received by Governing Body July 2016.	None	Conflicts of interests arrangements fully documented; CCG staff resource.	External scrutiny of conflicts of interests arrangements.	02/11/2016	Director of Primary Care & Urgent Care	Facilitate appropriate governance arrangements as roles and responsibilities become clear.	Mar-17	Amber	
C. Engage effectively with the local population to enable patients and practices to influence the services that we commission.											
C.01	Failure to fully engage with communities to influence service development	CCG Communication and Engagement Strategy; Lay Member role; Website; Governing Body meetings held in public at various locations around Wiltshire; Active involvement of Healthwatch; Acknowledgement of petitions; Equality & Diversity Strategy; Stakeholder Assembly June 2016.	Locality Stakeholder days; Public consultations on developments; Healthwatch feedback.	Action plan in support of Communication and Engagement Strategy (Gov Body Nov 2016).	Internal audit of stakeholder engagement (undertaken - report to Nov 2016 AAC)	02/11/2016	Director of Planning, Performance and Corporate Services	Internal audit of stakeholder engagement to be presented to AAC. Draft action plan to implement strategy to be taken to Governing Body for approval in November 2016.	Nov-16 Nov-16	Amber	
D. Achieve a sustainable health economy optimising appropriate use of resources for the delivery of efficient and effective healthcare.											
D.01	The CCG is unable to deliver on all QIPP targets	Regular monitoring of QIPP delivery at Governing Body by means of Integrated Performance Report; Finance & Performance Committee (every two months); Directorate Dashboards; Detailed project workbooks.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring (on a monthly basis from August 2016); Internal Audit of identification, implementation and management processes for QIPP in 2015/16.	None	None	02/11/2016	Chief Finance Officer / Group Directors	No action needed		Green	
D.02	CCG unable to meet the financial targets	Financial Strategy; 5-year Strategy/2yr Operational Plan: Financial management systems; Finance & Performance Committee; Audit & Assurance Committee; Integrated Performance Report; Internal Audit; External Audit; Organisational QIPP Plan; Contracts for commissioned services; Secondary Uses Service (SUS) data correctly attributed to CCG or NHSE; Signed Provider contracts 16/17.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; Recognised improved performance as a result of FRP during 15/16.	None	None	02/11/2016	Chief Finance Officer / Group Directors	No action needed		Green	
D.03	CCG unable to deliver against NHS Constitution	5-year Strategy/2yr Operational Plan: Integrated Performance Report; Finance & Performance Committee; Quality Report at Q&CG Committee; Contract quality schedules to hold providers to account for performance; STP development.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; CQRM meetings reviewing providers performance data; Q&CG discussion of provider performance against targets.	None	None	02/11/2016	Group Directors / Director of Quality	No action needed		Green	

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D.04	Lack of available workforce in the local health system to support transformation agenda.	Each organisation monitoring key workforce gaps and taking remedial action eg overseas recruitment; System wide workforce capacity audit undertaken Feb 15; Health Education England workforce planning; UWE courses for community and primary care staff in place; Wiltshire Institute of Health & Social Care; Workforce Action Group (system wide) commenced Sept' 15 looking at operational collaborative solutions concentrating on efficiency, learning & development and recruitment ; Safer Staffing data part of IPR; Monitoring of provider vacancy rates at contract performance meetings; Workforce key work stream in STP and monitored at STP Leadership Group.	Gap analysis undertaken.	None	None	02/11/2016	Director of Integration / Group Directors	No action needed		Green	
E. Develop an effective and responsive clinically led commissioning organisation, working collaboratively with partner organisations.											
E.01	Failure of partner organisations in commissioning of services on behalf of CCG in regard to financial expenditure and patient safety.	Signed Memorandum of Understanding Service Specifications Monthly performance meetings between CCG Lead and Wiltshire Council Lead Joint Business Agreement agreed by JCB 24 October 2013 Better Care Plan governance arrangements; Outcome reports for commissioned services; Director of Integration post. Updated s75 agreement approved by Eiltshire Council and CCG at Health & Wellbeing Board.	JCB as an assuring body; Performance risk assessed, detail included in JBA; Audit of Better Care Plan.	None	Follow-up audit of Better Care Plan. Benchmarking of Better Care Plan.	02/11/2016	Chief Finance Officer / Director of Quality / Director of Integration	Internal audit follow-up of Better Care Plan to be undertaken in Q3 16/17 with report to AAC.	Jan-17	Amber	
E.02	Capacity and capability of CCG staff to deliver against the 5 year plan	Objective setting, PDP and appraisal system and timetable for 16/17; Learning & Development Policy (Jan'16); Project Governance Framework; Workforce report; Staff Survey issued 17/12/15; Central oversight of requests for staff development from April 2016.	Staff survey results; Workforce report (turnover, sickness absence and objective setting data) to Governing Body on six monthly basis.	None	None	02/11/2016	Director of Planning, Performance and Corporate Services	No action needed		Green	
E.03	Accountable Officer and Chief Finance Officer leaving the organisation	Chief Finance Officer acting as Interim Accountable Officer for 3 months; Remuneration Committee; Professional Recruitment organisation involved in recruitment arrangements for Interim Accountable Officer, Accountable Officer and Chief Finance Officer; Executive Directors; Deputy Chief Finance Officer acting as Interim Chief Finance Officer; Staff briefings 11 May 2016, 21 June and 17 October 2016; Interim Accountable Officer in place from September 2016.	Approval of plans and confirmation of process at Remuneration Committee; Update to Governing Body in private session July 2016. NHSE approval of Interim Accountable Officer until March 2017.	None	None	02/11/2016	Chair/Interim Accountable Officer	No action needed		Green	

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F. Enhance quality and safety of services by ensuring effective mechanisms are in place to set quality standards, assess performance, address concerns and drive continuous improvement.											
F.01	Range of risks associated with business continuity across local community and including the CCG as a separate organisation including: Severe weather; Disruption to transport infrastructure (incident/fuel supply); Disease pandemic; Telecommunications infrastructure failure.	Participation in Local Health Resilience Partnership at executive and working group level; Contributing through LHRP to risk management through LHR Forum; LRF Joint plans (e.g. Fuel, Telecommunications); Health Protection Unit; LRF Warning & Informing Strategy; LRF Major Incident & Recovery Plan; Business Continuity Plan and EPRR presented to and approved by AAC; EPRR annual self assessment (Aug 2016).	LHRP workplan and meetings; Community Risk Register; Involvement with EPRR exercise; Internal Audit and Business Continuity arrangements; 'Sahara' exercise and report to LHRP.	None	None	02/11/2016	Director of Planning, Performance & Corporate Services	No action needed		Green	Rolling cycle of readiness exercises.
F.02	Provider organisations failing to provide harm free care to Wiltshire residents.	Contracts for commissioned services with quality schedule (for NHS and non-NHS providers); Clinical Quality Review Meetings (for NHS and non-NHS providers); Incident reporting requirement and mechanisms; CQC registration and review; Safety thermometer; Quality & Clinical Governance Committee; Oversight by Q&CG of CQC reports and safety notices; Quality visits.	Monthly Integrated Performance Report to Governing Body including patient safety information; Monitoring of SIRI data at Q&CG; CCG participating in surveillance for highlighted providers.	None	None	02/11/2016	Director of Quality	No action needed		Green	Controls in place and assurances of controls working well.
F.03	Implementation of the General Data Protection Regulations by 2018.	Information Governance Group; Primary Care Information Governance Group; SCW CSU Information Governance support; Existing Information Governance Framework; Information Governance Toolkit.	Information Governance Toolkit annual compliance assessment.	GDPR compliance action plan.	Assessment of current compliance against GDPR.	02/11/2016	Director of Planning, Performance and Corporate Services	SCW CSU to provide action plan to attain compliance with GDPR for agreement at IGG and approval at AAC.	Dec-16	Amber	
G. Encourage and support the Wiltshire population in managing and improving their health and wellbeing, wherever possible increasing the ability of people to manage their own care and to make their own choices.											
G.01	The greater involvement of the CCG in the health promotion agenda is contingent on engagement with Wiltshire Council Public Health.	Health & Wellbeing Board; Memorandum of Understanding (MoU) with Public Health; STP workstream.	Minutes of Health & Wellbeing Board.	Refreshed MoU with Public Health.	None	02/11/2016	Director of Planning, Performance and Corporate Services	MoU with Public Health under review.	Dec-16	Amber	

NHS Wiltshire CCG
High Level Risk Register

Previous Position	Current Position	Risk Ref	Risk description including the effect of the risk	Existing controls	Original score			Actions required to mitigate risk	Due date	Progress against actions	Current score			Change in score	Status	Last Review Date	New Operational Lead	New Exec Lead	Overseeing Committee
					Likelihood	Consequence	Score				Likelihood	Consequence	Score						
Position on Previous Gov Body Report	Position suggested for next Gov Body report	A unique reference will be allocated	There is a risk that...	E.g. 1. Is there a policy or procedure in place? 2. Is there a training programme in place?	Score between 1-5	Score between 1-5	Score between 1-5	Actions should be SMART: 1. Specific 2. Measurable 3. Achievable 4. Realistic 5. Time-bound	When will all actions be complete?	What progress has been made against actions to date?	Score between 1-5	Score between 1-5	Score between 1-5	new ↑ Increase ↓ Decrease ↔ No Change	Please choose status from the list provided	Where an 15+ risk is ongoing but accepted, when was it last reviewed?			
1	1	C - 14/038	Lack of appropriately skilled staff across the health and social care system due to difficulties in recruitment, national staff shortages, transformation of model of care and competitive local market. Will result in the system being unable to cope with demand for services and provide safe high quality care both now and in the future.	Each organisation monitoring key workforce gaps and taking remedial action eg overseas recruitment. System wide workforce capacity audit undertaken Feb 15. Patient outcomes in terms of quality and patient flow data collected and monitored by system, BCP dashboard. Health Education England workforce planning; Gap analysis; UWVE courses for community and primary care staff in place; Workforce Action Group (WAG) commenced September 2015 (every month) looking at operational collaborative solutions concentrating on efficiency, learning & development and recruitment ; Strengthened links with HESW and HEW including attendance at their Membership Council. Established a Wiltshire Institute of Health & Social Care. Workforce workstream one of key enablers in STP design. Community Education Provider Network. STP Workforce workstream.	4	4	16	7. Workforce Action Group determining deliverables and milestones for each workstream.	7. 31/12/16	Successful bid to HESW for Primary Care Education Network submitted (£84,000 awarded), Steering Group being established.CEPN first meeting to take place 30/8/16. Wiltshire WAG looking at leadership development (common courses), shared coaching register, pan-Wiltshire staff training passport, care staff health task training, shared career fair resources and rotation and placements in different settings; Scoping a project looking at how the voluntary sector/communities can contribute differently and help with support for people in their localities; All workforce actions described above are consistent with STP workforce strategy, which is being developed and planned at present. Principles of Homefirst project will be rolled out as part of integrated discharge. Programme of training for caring for people with dementia, rehabilitation skills and health coaching put in place for delivery from October 2016 onwards. Workshops for integrated teams to assist in developing their integration are being planned. Community Education Provider Network now set up and meeting on a monthly basis with a project plan in place. STP Workforce workstream meeting on a fortnightly basis. Jenny Hair has terms of employment secured with the CCG.	4	4	16	↔	2 Action Required	01/11/16	Jenny Hair	James Roach / David Noyes	EMT
1	2	A - 14/025	There is a risk, that as a CCG we will not achieve the NHS Constitutional target for patients to be treated within 18 weeks of referral for elective care. The national target is 92% of incomplete pathways (patients not treated) to have been waiting for less than 18 weeks. The CCG has an agreed trajectory that sets out that this target will be met for the CCG population from July 2016 onwards. This risk affects the CCGs assurance rating and may have financial implications if additional activity is commissioned or diverted from affected providers to improve performance overall.	<ul style="list-style-type: none"> Monitoring arrangements: The Referral to Treatment (RTT) Assurance Group ensures increased scrutiny of provider actions to mitigate RTT delivery risk. The RTT Assurance Group monitors impact versus revised national targets and agrees next steps to ensure continued assurance of elective waiting times. There is greater scrutiny of RTT assurance via contract performance meetings, which is reported collectively into the Wiltshire System Resilience Group (SRG). Updates on demand and capacity modelling and risk areas ensures that a proactive, whole system approach to demand management. Attendance of internal provider meetings by WCCG team members, as well as relevant tripartite discussions where issues remain. Link between the CCG and Bristol where there is a separate agreed action plan to address 52 week waits for spinal surgery, and the CSU contacts any non local providers that report a 52 week wait to ensure a 'To Come In' (TCI) date has been agreed. Remedial Action Plan in place with GWH. Remedial Action Plan in place with RUH. 	4	4	16	<ol style="list-style-type: none"> Creation and implementation of pan-Wiltshire winter elective sustainability plan working collaboratively with all acute and independent providers and BANES CCG and Swindon CCG. Continued monitoring of remedial action plans in place for RUH and GWH via monthly dedicated assurance meetings with each provider. Weekly dashboards with RUH and GWH to facilitate proactive review and remedial recovery actions. Additional focus on SFT due to increasing w/list and delay in performance recovery due to NEL pressures. Information deep dive at SFT to include shape and size of total w/list at speciality level, 18 week backlog with a focus on patients over 30 weeks and data trends. 	30.11.2016	<ol style="list-style-type: none"> Information deep dive at SFT completed with actions agreed to reduce tail. Focus on increasing validation team to expedite process and ensure reported performance is reflective of actual performance. Monthly steering board at GWH continues. RTT Delivery Performance Group meeting monthly with RUH. Agreement with all providers to increase cancellation reporting from 1 November to include all postponed patients for NEL pressures not just those cancelled on the day to capture likely performance impact and monitor patient experience Agreement to review current Pan-Wiltshire RTT Assurance meeting and transition to STP wide meeting focusing on development of performance trajectories and strategic elective planning. 	4	4	16	↔	2 Action Required	24/10/2016	Lucy Baker	Lucy Baker	RTT Assurance Group feeding into SRG
2	3	P - 16/044	Ongoing operational pressures and challenges, and regular periods of escalation across the Wiltshire Urgent Care whole system threatens to destabilise the health and social care system, leading to less timely treatment and poor outcomes for patients and non achievement of the constitutional targets for 4 hours (and knock on effect for RTT). Ongoing work focussed with RUH and GWH systems supporting A&E 4 hour Recovery and Improvement Plans. All systems undertook the national "Breaking the Cycle" exercise and SAFER patient bundle flow, sharing learning and actions, and monitoring the projects funded through ORCP - now managed through Local Delivery Boards.	<p>Monthly Local A&EDelivery Boards (previously System Resilience Groups) (Wiltshire for SFT, Bath and North East Somerset for RUH and Swindon for GWH) examining strategic level actions and assurance against nationally mandated Rapid Improvement Guidance and ;</p> <p>Tripartite meetings (NHSE and NHSI) with CCGs and acute on monthly basis for RUH monitoring submitted trajectories and action plans for delivery. Local weekly calls / meeting to review actions and understand pressures.</p> <p>ORCP funding targeted to manage patient flow through the hospital to assist A&E target delivery;</p> <p>Monthly contract performance review meetings and routine performance management arrangements.</p> <p>Daily and weekly reports and dashboards on acute performance.</p> <p>Group Urgent Care Networks.</p> <p>Quality and Safeguarding Reporting.</p> <p>Strategic conference calls as required. System wide escalation process in place - now reflecting new national guidance.</p>	4	4	16	Monitoring delivery against RAP in place and whole system action plans - with clear actions and KPIs	31/12/2016	Remedial Action Plans taken via SRG (4hour led by BaNES SRG) and reviewed through Tripartite meetings. Latest dashboard shows performance still not regularly meeting target of 95%, high levels of attendance and high ratio of attendance to admission. Performance monitored through daily dashboard, weekly calls and SRG. Operational pressures and performance challenging across all three acutes. Support and actions being managed via x 3 LDBs and WCCG senior level reps at all working group structure reporting to SRGs. Local system and trust trajectory agreed, ongoing discussion with NHSI / NHSE. Monthly meetings. ORCP funding against agreed plans to x 3 acutes now agreed and notified NHS111 floorwalker model improving ambulance disposition performance Provider escalation workshop undertaken NHSE winter sitrep reporting process in place Full provider resourcing plans received and shared Additional social care resources being targeted to Salisbury facing services New Dom Care provider commissioned by WC from September.	4	4	16	↔	2 Action Required	01/11/2016	Patrick Mulcahy	Jo Cullen / James Roach	Local Delivery Boards

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					Likelihood Score between 1-5	Consequence Score between 1-5	Score Score between 1-5				Likelihood Score between 1-5	Consequence Score between 1-5	Score Score between 1-5						
Position on Previous Gov Body Report	Position suggested for next Gov Body report	A unique reference will be allocated	There is a risk that...	E.g. 1. Is there a policy or procedure in place? 2. Is there a training programme in place?	Score between 1-5	Score between 1-5	Score between 1-5	Actions should be SMART: 1. Specific 2. Measurable 3. Achievable 4. Realistic 5. Time-bound	When will all actions be complete?	What progress has been made against actions to date?	Score between 1-5	Score between 1-5	Score between 1-5	new ↑ Increase ↓ Decrease ↔ No Change	Please choose status from the list provided	Where an 15+ risk is ongoing but accepted, when was it last reviewed?			
3	4	F - 16/012	Medium to long term financial position continues to be challenging which will put at risk the CCG's ability to deliver its statutory financial targets if the QIPP targets are not delivered and the out of hospital strategy is not delivered. Overall health and social care economy (both providers and commissioners) have a joint challenge to operate within available resources and to meet constitutional targets.	Financial Monitoring PMO methodology Robust contracting Financial and QIPP planning and service redesign Financial awareness across the membership of the CCG Ownership of the financial challenge across the health economy - message through the finance sub group of the STP board.	3	5	15	Robust performance framework throughout the organisation. Engagement across the whole of the health economy through the STP	Ongoing	The impact of future demand predictions will put further pressure on the CCG's financial position in future years. As growth in funding to the NHS reduces in 2017/18 and 2018/19 the risk of expenditure outstripping funding will increase unless expenditure can be slowed in line with the transformation programme and the impact of the Sustainability and Transformation plan (STP) which is looking to develop and deliver a whole system approach to change.	3	5	15	↔	2 Action Required	26/10/16	All Directors	Steve Perkins	Finance & Performance Committee and Governing Body
7	5	A-15/062	The deterioration in Patient Transport Service (PTS) performance during 16/17 has resulted in a continuing and significant failure of service. With Acute trust Strategic Transformation Fund (STF) income now impacted by 4hr etc. performance, and PTS failures contributing to pressure on acute trust flow, this issue is becoming more high profile and may require additional funding to resolve.	Monthly performance Data. Contract Key Performance Indicators	5	4	20	Improved system effectiveness between Arriva Transport Solutions Ltd (ATSL) and trusts.	30/11/16	ATSL is carrying out a capacity review, initial feedback was due by 31 July, revised to 12 Aug, received 8 Sep, rejected by CCGs as it was on a pan-contracts basis, received on a CCG basis 30 Sep. Initial review meeting with ATSL 18 Oct, additional areas requiring clarification, awaited from ATSL (due date 30 Nov) Trusts continue to be pushed to amend their processes to improve pre-planning, with limited success that is undermined by continuing poor performance and some trust-generated inefficiencies. Staff training day run by ATSL at GWH 9 Sep; SFT being pushed to carry out similar. Revised discharge pre-booking process being trialled with some success at RUH; to be rolled out more widely CCG attended Better Care Plan (BCP) leads meeting to identify potential process improvements for community/discharge arrangements - issues identified are in discussion with ATSL CPN remains open, amended trajectory required (following completion of negotiations on capacity review issues)	5	4	20	↔	2 Action Required	28/10/2016	Andy Jennings	Lucy Baker	
5	6	C - 16/046	There is a risk that the CCG will not deliver all its planned QIPP for 16/17, targets which will have an adverse impact on the CCGs financial position, its reputation, and its ability to operate without close support from NHS England.	PMO Integrated Performance Report Monthly Finance & Performance meet and monthly Group meeting.	3	5	15	Workforce objective setting in accordance with agreed timetable Directors to complete detailed milestone plan	24/06/15 6/5/16	Directors working on milestone plan 15.6.16 June F&P Committee received a paper describing project milestones. Milestones plan included as part of process for monthly review of directorate dashboards by EMT. 9.8.16 August F&P received update on QIPP project status and indication that at M3 QIPP is not being delivered. Directorate Dashboard process for internal performance monitoring is now in place across the organisation.	4	5	20	↔	2 Action Required	02/11/2016	David Noyes	Tracey Cox	EMT
4	7	A - 14/043	Constitutional performance risk: there is a risk that 2ww cancer referrals will increase following the launch of the national cancer strategy particularly the focus on early diagnosis; and provider performance will suffer. Whilst the CCG is delivering the 2ww target (achieved for Q1 but failed for Aug), performance is tight and increasing risk has been flagged by acute providers via the RTT Assurance Group.	*KPI reports on performance * Contract Performance meetings to review achievement and trends alongside known operational issues and demand pressures. * Performance monitored against remedial action plans.	4	4	16	Review highest growth / poorest performance areas (RUH breast, GWH dermatology), engage with acute trusts to understand causes of growth in activity / referrals, causes of declining performance, constraints, recovery options, and continue to monitor delivery.	31.12.16	* RAP in place for 2ww (breast) failure at RUH; performance now above trajectory for last 3 months but further drop-off possible. * RUH breast symptomatic shows exceptionally high levels - data error likely - CCG requesting sight of patient level data in order to validate * GWH 2ww dermatology failure - deep dive held and remedial actions identified by GWH, CCG monitoring implementation and impact.	3	4	12	↔	2 Action Required	28/10/2016	Andy Jennings	Lucy Baker	

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6	8	P - 13/027	SWAST monthly and YTD performance continues to be below acceptable tolerances, leading to delayed response times. The increase in response times has the potential to adversely affect clinical outcomes for Wiltshire patients.	Bi monthly contract management and reporting, including delivery by SWAST of consolidated action plan; Continuing liaison with SWAST and monitoring of contract via lead and joint commissioners group.	4	4	16			Dispatch on Disposition (Ambulance Response Programme) now moved out to 5 minute triage window, as directed by DH ARP now business as usual. CCG has signed letter of support for programme and will monitor effectiveness. M10 position above contract standard at 75.22%, but Wiltshire position remains poor at 62.62%. SWASFT still performing well compared to national ambulance service data. Performance discussions / improvements co-ordinated through SCWCSU. Activity marginally above contract R5 CAD update planned for February Optimum triage window under consideration. Contract agreed. New code sets implemented with national oversight. Performance monitoring to be developed. NARP continues. Performance remains below expected 75th percentile for Red calls. Triangulation with YAS where improvement has occurred is being undertaken by national team Nil contract levers in place as per NHSE guidance SWAST Performance under NARP still below threshold. Contracted activity under plan year to date. SWASFT commissioners briefing paper issued - to next SRG/LDB meeting. NHSE extended NARP programme to end August at which time the Expert Clinical Reference Group will further review to extend 3/12. New concerns on reduction in call abandonment performance - being reviewed by SCWCSU Winter Planning capacity mapping event across STP agreed to and being planned	3	4	12	↔	1 Risk Accepted	01/11/2016	Patrick Mulcahy	Jo Cullen	Lead & Joint Commissioners' Group
9	9	Q - 15/029	Lack of agreement regarding CHC eligibility recommendations for LD cases with Local Authority, leading to formal disputes in two cases (CCG continuing to fund until agreed resolution), risk to QIPP and reputational risk.	Robust use with MDT approach; Existing dispute process.	2	3	6			Joint review planned. Continuing to fund placements in the interim. October 2015- 3 formal disputes raised by LA which CCG are continuing to fund as LA disputing the current dispute process citing that it disadvantages them by including a mechanism for peer review by another CCG. LA stating that in their view other CCG are not applying the CHC criteria correctly. Awaiting meeting with LA and legal reps. The draft dispute process has been shared with the LA. Agreement is needed to convene two panels which are included in QIPP. 26/2/16: Joint meeting with LA to agree reviewed dispute process and independent review panel. Meeting to be arranged with independent social worker and clinician to test process with two disputed cases. 17/06/16: Meeting to be arranged. 23/8/16: The CCG currently has 3 disputes but for cases agreed to be not eligible for CHC, the CCG and Local Authority are working together to determine the ongoing management of the individuals' health needs. 3/11/16: A round table meeting is booked with the Local Authority concentrating on the 'Cognition' and 'Behaviour' domains to determine where we disagree.	4	3	12	↔	1 Risk Accepted	03/11/2016	Kate Purser / Debbie Wilkins / Jane Damar	Dina McAlpine	Q&CG
Not on report	10	A-15/064	Financial risk - Concerns over Salisbury Foundation Trust regarding activity year to date, as if activity levels continue at same rate for the remainder of the financial year (across planned and urgent care combined) there is a risk over spending significantly more than budget. Circa £2.2m -£2.6m.	1. Monitored by Finance and Information Group (FIG / Performance Meetings). 2. Internal QIPP monitoring group.	4	5	20	1. Monitor (monthly) SLAMs report to track activity. 2. Review financial position and communicate to WCCG Execs. 3. Commissioning Directors to put in place corrective actions.	30.11.16	Activity reports are being scrutinised to identify areas for focused action.	4	5	20	↔	2 Action Required	28/10/2016	Pete Tilley	Mark Harris / Jo Cullen	FIG into Contract Performance Meeting