

**Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 25 July 2017**

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/17/07/17a Items as Approved at the Audit and Assurance Committee
Author:	Susannah Long – Governance and Risk Manager
Lead Director/GP from CCG:	Steve Perkins – Chief Financial Officer
Executive summary:	<p>The Audit and Assurance Committee is a standing sub-committee of the Governing Body, with delegated authority to oversee all aspects of internal controls, satisfying itself that appropriate processes are in place to provide the required assurance.</p> <p>The following items were approved at the Audit and Assurance Committee meeting held on 11 July 2017 and are brought to the Governing Body for ratification:</p> <ul style="list-style-type: none"> • Board Assurance Framework and Risk Register • Audit and Assurance Committee meeting minutes – 19 May 2017 <p>The meeting was quorate and at least 3 Governing Body Members were present.</p>
Evidence in support of arguments:	
Who has been involved/contributed:	Audit and Assurance Committee Members.
Cross Reference to Strategic Objectives:	
Engagement and Involvement:	
Communications Issues:	These documents should be treated as public documents and would be available for release under the FOI Act.
Financial Implications:	

Review arrangements:	The Audit and Assurance Committee adheres to its annual work plan, which contains review details for all documents to be approved.
Risk Management:	
National Policy/ Legislation:	The CCG is required to show that these documents have been approved by the Audit and Assurance Committee and then ratified by the Governing Body.
Public Health Implications:	
Equality & Diversity:	
Other External Assessment:	
What specific action re. the paper do you wish the Governing Body to take at the meeting?	It is recommended that the Governing Body ratify the items as approved by the Audit and Assurance Committee.

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan July 2017

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 continue delivering a clinically led model providing an enhanced range of high quality and integrated patient services within the community providing '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 Partnership (STP) Board; S75 agreement; Emergent Sustainable Transformation Plan (Dec'16); Joint working Group (agreed ToR).	Governing Body minutes; Positive relationships at Health & Wellbeing Board; Assessment of Integrated Team performance summer 2016.	Joint OD Plan	None	23/06/2017	Interim Accountable Officer	No further action needed		Amber	
B. Commission and transform appropriate services to meet the needs of the local population and implementing NHS England's Five Year Forward View focusing on urgent and emergency care, primary care, mental health and cancer services.											
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 NHS Improvement.	Governing Body members receive Integrated Performance Report on a monthly basis.	None	None	23/06/2017	Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	No further action needed		Green	
B.02	Full delegated commissioning of Primary Care wef April 2017 with no transfer of staff or resources from NHSE.	Primary Care Commissioning Committee; NHSE documented arrangements; Update at Governing Body Mar'17; Discussion of risks at AAC Mar'17; Internal Audit of Conflict of Interests arrangements.	None	Delegation Agreement; CCG staff resource.	Audit of Primary Care management.	23/06/2017	Director of Primary Care & Urgent Care	Facilitate appropriate governance arrangements as roles and responsibilities become clear.	Jul'17	Amber	
C. Engage effectively with the local population to enable patients and carers to influence the services that we commission increasing our engagement with hard to reach groups.											
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 Event June 2017; Action plan to implement Communication and Engagement Strategy approved at Governing Body November 2016; PPG development work.	Locality Stakeholder days; Public consultations on developments; Healthwatch feedback; Internal audit of stakeholder engagement presented to AAC Nov'16.	Engagement Plan for STP	None	23/06/2017	Chief Operating Officer	STP engagement Plan to be developed.	Jul'17	Amber	

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D. Enhance and assure the quality, safety and experience of services by ensuring effective mechanisms are in place to set quality standards, monitor performance, address concerns and embed a culture of continuous improvement.											
D.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.	LHRP workplan and meetings; Community Risk Register; Involvement with EPRR exercise; Internal Audit and Business Continuity arrangements.	None	None	23/06/2017	Chief Operating Officer	No further action needed		Green	Rolling cycle of readiness exercises.
D.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; Thematic review of Emergency Departments (January '17)	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	23/06/2017	Director of Quality	No further action needed		Green	
D.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.	National NHS Guidance; GDPR compliance action plan; Assessment of current compliance against GDPR.	None	23/06/2017	Chief Finance Officer / Director of Quality	Actions to be undertaken on various aspects of GDPR once service specific guidance is provided via ICO/IG Alliance.	Sep17	Amber	
E. Achieve a sustainable (in terms of performance and finance) health and care economy across Wiltshire and the Sustainability and Transformation Partnership footprint optimising appropriate use of resources for the delivery of effective services to address the efficiency, quality and health and well-being gaps.											
E.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.	Directorate Business Plans	None	23/06/2017	Chief Finance Officer / Chief Operating Officer / Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	No further action needed		Green	

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E.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 17/18; Financial Plans for 17/18.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring.	None	None	23/06/2017	Chief Finance Officer / Chief Operating Officer / Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	No further action needed		Green	
E.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; RTT delivery group/steering board.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; CRM meetings reviewing providers performance data; Q&CG discussion of provider performance against targets; Reports from RTT delivery group/steering board; NHSE assurance framework.	None	None	23/06/2017	Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning / Director of Quality / Director of Integration / Chief Operating Officer	No further action needed		Green	
E.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; 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) looking at operational collaborative solutions concentrating on efficiency, learning & development and recruitment; Monitoring of provider vacancy rates at contract performance meetings; Workforce key work stream in STP and monitored at STP Leadership Group; Analysis of GP staffing.	None	None	None	23/06/2017	Director of Integration / Group Directors	No further action needed		Green	
F. Develop an effective and responsive clinically led commissioning organisation, working collaboratively with partner organisations and with Wiltshire Council increasing our focus on integrated commissioning and delivery of services.											
F.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; Better Care Plan governance arrangements; Outcome reports for commissioned services; Director of Integration post. Updated s75 agreement approved by Wiltshire Council and CCG at Health & Wellbeing Board; Internal audit of Better Care Plan Q4 16/17.	JCB as an assuring body; Performance risk assessed, detail included in JBA; Findings of follow-up audit of Better Care Plan.	None	None	23/06/2017	Chief Finance Officer / Director of Quality / Director of Integration	No further action needed		Green	

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F.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; Central oversight of requests for staff development from April 2016; Project Governance Framework; Workforce report; Staff Survey and action plan.	Staff survey results; Workforce report (turnover, sickness absence and objective setting data) to Governing Body on six monthly basis.	None	None	23/06/2017	Chief Operating Officer	No further action needed		Green	
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 - Refreshed 16/17; STP workstream.	Minutes of Health & Wellbeing Board.	None	None	23/06/2017	Chief Operating Officer	No further action needed		Green	

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H. To support the resilience of primary care across Wiltshire through the implementation of our local GP Forward View Plan and delegated responsibilities of primary medical services.											
H.01	A number of GP practices across Wiltshire are at risk due to the potential retirement of GPs. This may lead to poor service to registered population, possible closures and increased pressure on neighbouring practices and urgent care.	Monitoring of GP practice provision. Locum arrangements. GP Practice contracts. GP Forward Plan.	None	None	Availability and cost of appropriate locums.	23/06/2017	Director of Urgent and Primary Care	TBC		Amber	
I. To work with partners to develop our vision for an Accountable Care System across Wiltshire.											
I.01	The definition for an Accountable Care System and how it works across STPs is still unclear. This might lead to incorrect assumptions, wasted effort and/or lack of progress.	Limited guidance	None	Detailed NHSE guidance required.	Benchmarking of emerging accountable care plans.	23/06/2017	Interim Accountable Officer	TBC		Amber	
J. To ensure that the CCG workforce remains focussed and motivated by providing clear and consistent leadership, applying our objective and appraisal system, reacting appropriately to staff survey action points and feedback from the Staff Partnership Forum and investing in staff training, development and wellbeing.											
J.01	Objective setting process is not adhered to in all directorates which could lead to personal development requirements failing to be identified and cross CCG training not being purchased to address needs. Staff may be unable to effectively undertake their role and/or any training purchased may not be purchased in the most cost effective manner.	Appraisal and objective setting timetable Workforce report L&D Policy L&D Panel	Previous Internal Audit of appraisal and objective setting process.	Directors held to account for compliance against timetable		23/06/2017	Interim Accountable Officer	Confirm timetable for 2017/18; Publish timetable; Diarise EMT compliance check.	Jun'17	Amber	

NHS Wiltshire CCG
High Level Risk Register

Current Position	Previous 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						
<i>Position suggested for next Gov Body report</i>	<i>Position on Previous Gov Body Report</i>	<i>A unique reference will be allocated</i>	<i>There is a risk that...</i>	<i>E.g. 1. Is there a policy or procedure in place? 2. Is there a training programme in place?</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>Actions should be SMART: 1. Specific 2. Measurable 3. Achievable 4. Realistic 5. Time-bound</i>	<i>When will all actions be complete?</i>	<i>What progress has been made against actions to date?</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>new ↑ Increase ↓ Decrease ↔ No Change</i>	<i>Please choose status from the list provided</i>	<i>Where an 15+ risk is ongoing but accepted, when was it last reviewed?</i>			
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 and May 16. Patient outcomes in terms of quality and patient flow data collected and monitored by system, BCP dashboard; Health Education England workforce planning; Gap analysis; UWE 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; Workforce workstream one of key enablers in STP design; Community Education Provider Network developing . outline Wiltshire Workforce Strategy and draft 16/17 action plan presented to JCB.	4	4	16			CEPN Steering Group established.meeting monthly since Aug 16. Project manager commenced May 17, workplan in place.Focus on training and development of existing practice staff. Wiltshire WAG Developed a shared coaching register. Now working on promoting care certificate and passport pan-Wiltshire, shared recruitment/career fair resources and linking with 'Proud to Care' local authority recruitment initiative; More engagement with voluntary sector on training and development opportunities; STP All workforce actions described above are consistent with STP workforce strategy, which is being developed and planned at present. Apprenticeship project manager appointed and network already undertaking joint procurement of education providers. Better Care Plan Programme of training for rehabilitation skills and health coaching delivered and more planned. Dementia training proposal developed.				↔	1 Risk Accepted	06/06/17	Jenny Hair	Mark Harris	EMT
2	2	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).	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; Tripartite meetings (NHSE and NHS) 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. ORCP funding targeted to manage patient flow through the hospital to assist A&E target delivery; Monthly contract performance review meetings and routine performance management arrangements. Daily and weekly reports and dashboards on acute performance. Group Urgent Care Networks. Quality and Safeguarding Reporting. Strategic conference calls as required. System wide escalation process in place - now reflecting new national guidance. "Breaking the Cycle" exercise and SAFER patient bundle flow. Monitoring delivery against RAP and whole systemaction plans with clear KPIs.	4	4	16			Agreed escalation process in place with CCG support x 3 acutes as required. OPEL response and escalation reporting mandated by NHSE on variation of status at OPEL 3 and 4 Still some improvement in Gold Call management required by providers Improvements (reduction) in Trust OPEL status in May and June from post winter position General reductionin operational escalation beds Challenges of out of hospital capacity remains - possible improvements by recent 17/18 increase in social care allocation to WC				↓	1 Risk Accepted	13/06/2017	Patrick Mulcahy	Jo Cullen / James Roach	Local Delivery Boards
3	9	Q - 16/035	GWH Emergency Department unable to provide assurance of patient safety. Actions agreed at the Single Item QSG such as SHINE checklist not embedded and NEWS audits sample small numbers of patients only. Quality risk profile tool completed with NHSE, NHSI & Swindon CCG. 12 hour trolley breaches occurring most weeks with additional patients outside of DTA waiting significant lengths of time in ED. Serious Incidents logged reflecting poor use of NEWS with deteriorating patients. Sepsis sequin not being met. GWH reliant on 50% temporary staffing of Emergency Department. These issues reflect concern that patient experience and safety is not assured which may lead to patient harm.	SHINE checklist NEWS audits Staffing profile NHSI involvement GWH ED Dashboard presented to ED Delivery Board (Jun'17)	2	4	8	GWH asked to provide further assurance, amending audit methodology to evidence SHINE. GWH developing ED dashboard for July Executive CQRM	31/03/2017 31/7/17	GWH developing ED Dashboard for July Executive CQRM which will be overseen by the ED Delivery Board. Small numbers of 12 hour trolley breaches continue.				↔	2 Action Required	02/05/2017	Fiona Ballard / Alison West	Dina McAlpine	Q&CG

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<i>Position suggested for next Gov Body report</i>	<i>Position on Previous Gov Body Report</i>	<i>A unique reference will be allocated</i>	<i>There is a risk that...</i>	<i>E.g. 1. Is there a policy or procedure in place? 2. Is there a training programme in place?</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>Actions should be SMART: 1. Specific 2. Measurable 3. Achievable 4. Realistic 5. Time-bound</i>	<i>When will all actions be complete?</i>	<i>What progress has been made against actions to date?</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>new ↑ Increase ↓ Decrease ↔ No Change</i>	<i>Please choose status from the list provided</i>	<i>Where an 15+ risk is ongoing but accepted, when was it last reviewed?</i>			
4	5	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. 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. Ongoing data quality issues at SFT. 	01/08/2017	Redirected RTT meets continue at GWH and RUH. RTT assurance meetings taking place. SFT RTT meets to be set up and SFT CRM continues.	4	4	16	↔	2 Action Required	15/06/2017	Lucy Baker	Lucy Baker	RTT Assurance Group
5	Not on report	A-15/066	Constitutional performance risk: Wiltshire CCG will not deliver the diagnostic 6-week performance target due to on-going failures at providers; including identification of incorrect (under) reporting by RUH for certain specialist cardiology tests, the full impact of which is currently awaited.	Performance being monitored monthly via RTT Assurance Group	3	4	12	Audiology and cardiology risk at GWH being addressed through RTT Steering board.	01/08/17	Actions agreed with GWH, RUH performance being reviewed by RUH RTT Delivery Performance group.	3	4	12	↔	2 Action Required	15/06/2017	Lucy Baker	Lucy Baker	RTT Assurance Group
6	Not on report	A-17/070	The CCG will not deliver the constitutional cancer targets - particularly two week wait breast symptomatic performance. There is a risk that 62 day performance will not be delivered consistently	Performance monitoring via RTT delivery and steering groups with escalation to CRM; Deep dive into GWH reduction in RTT performance (Jun'17).	4	4	16			Remedial action plan in place to be monitored monthly.	4	4	16	new	1 Risk Accepted	30/06/2017	Andy Jennings	Lucy Baker	RTT steering boards and CRM
7	7	CJ - 16/042	Within the AWP current contract there is 106WTE vacancy rate across AWP Acute and Community services for Wiltshire population and within the next 5 years there is approximately 40 MHO status that will be eligible for retirement. Taking all of this into account if AWP do not recruit to post and do not create a talent management pool to establish new clinical leadership across the Wiltshire services, the overall longevity of MH service for Wiltshire is at risk in the immediate medium term period (next 5 years). This will lead to sub-optimal care for Wiltshire patients and possible knock on effect in other services.	Wiltshire Focus Recruitment and Retention Strategy for 16/17; Workforce Strategy Group (agreed ToR); Local CQPM Contract Governance Structure; Recruitment and Retention Improvement Action Plan monitored through CQPM; AWP Wiltshire establishment monthly report.	5	4	20	AWP Talent Management Programme;	31/10/16 30/06/17	The Workforce Strategy Group agreed to focus on 3 work streams: Workforce; Recruitment; Talent Management and a plan was developed to encompass these workstreams. Wiltshire CCG now receive a robust monthly Wiltshire AWP establishment report and an update of their recruitment and retention progress. It was decided during Oct AWP CQRM pre-meet that it would be more beneficial to have commissioning attendance of the Trustwide Workforce strategy meeting to ensure there is a direct forum to feedback or escalate workforce issues to AWP executive team, and promote the need to address Wiltshire workforce issues to the Trust. This is now in place with an MH Commissioner attending the monthly meeting. May 2017 vacancy rate improved to 106 WTE (Dec, 2016: 119.5 (21.2%)) due to increasing rate, a recruitment and retention RAP was requested in Nov' 16. The RAP has not been signed off yet as it lacks tangible deliverables, outcomes or a trajectory. CSU will not support working with AWP to improve this. Recruitment and retention continues to be monitored through monthly local and multi-lateral CQPM meetings. Jan'17 vacancy rate 116.59 (21.62%), RAP received but not focused or targeted enough. Revised RAP due 17/3/17.	5	4	20	↔	2 Action Required	28/06/2017	Georgina Ruddle	Ted Wilson	EMT

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<i>Position suggested for next Gov Body report</i>	<i>Position on Previous Gov Body Report</i>	<i>A unique reference will be allocated</i>	<i>There is a risk that...</i>	<i>E.g. 1. Is there a policy or procedure in place? 2. Is there a training programme in place?</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>Actions should be SMART: 1. Specific 2. Measurable 3. Achievable 4. Realistic 5. Time-bound</i>	<i>When will all actions be complete?</i>	<i>What progress has been made against actions to date?</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>Score between 1-5</i>	<i>new ↑ Increase ↓ Decrease ↔ No Change</i>	<i>Please choose status from the list provided</i>	<i>Where an 15+ risk is ongoing but accepted, when was it last reviewed?</i>			
8	4	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 Feedback from Trust at TWG's	5	4	20	Improved system effectiveness between Arriva Transport Solutions Ltd (ATSL) and trusts. Additional funding required to at least maintain current performance and prevent deterioration.	01/08/17	CCG committing additional £369K p.a. from 13 Feb 17 to put ATSL into non-loss-making position. CCG has committed to funding additional discharge support vehicle at each trust initially from 6 Dec to 10 Feb, now extended to 31 Mar 17, total cost c.£110K Trusts continue to be engaged with, to improve pre-planning, and reduce some trust-generated inefficiencies. ATSL continue to be engaged with, to improve coordination with trusts. Additional actions were agreed between CCG AOs/DoFs and ATSL to enable further service improvements/efficiencies	3	5	15	↓	2 Action Required	15/06/2017	Andy Jennings	Lucy Baker	
9	Not on report	F - 17/019	Trowbridge and Devizes new health facilities programmes - the most recent and well developed programmes for the new health facilities at Trowbridge and Devizes is showing buildings that will start providing patient services from mid 2019 for Devizes and early 2020 for Trowbridge. This is beyond the date of March 2019 to comply with ETTF funding. The risk is that the project programmes could put ETTF funding at risk.	This detailed programme was prepared in mid-June 2017 and is yet to be formally raised with NHSE. Informal discussions with NHSE have identified that achieving March 2019 is proving challenging for numerous complex ETTF projects with discussions at NHSE underway to consider this.	4	4	16	Following a decision on the PIDs by NHSE raise the programmes and start discussions with NHSE about ways to mitigate risk. Options include NHSE re-profiling ETTF cashflow to beyond March 2019. ETTF capital injection being paid at financial close (FBC approval) instead of practical completion.	30/09/2017		3	4	12	new	2 Action Required	28/06/17	Simon Yeo	Steve Perkins	Finance & Performance Committee
10	Not on report	Q - 15/032	The CCG supports 85 people in the Community, funding their care packages, who are potentially being unlawfully deprived of their liberty under recent caselaw. The pathway for authorisation in domiciliary DoLS is the court of protection with associated costs. The CCG may be challenged and may be subject to litigation.	Existing care plans should demonstrate least restrictive care option. Audit to identify cohort of patients subject to this ruling. Staff training by Beachcrofts.	3	4	12	Preparation and approval of policy/procedure for domestic DoLS assessments. Beachcroft to adapt policy into toolkit; Send out letters to families/GPs explaining and booking assessment; Assess capacity; Business case for MCA/Best Interests Assessor from existing monies.	30/9/16 31/8/17	Including review of capacity as part of annual review is seen to be the safest approach. The CPTLD will quickly undertake to identify objecting patients to provide information for the CCG to undertake risk stratification. Three patients who are objecting have been identified. Next steps being identified in order to ensure potential deprivations are lawfully authorised. 23/8/16: Domestic DoLS assessments underway with policy/procedure to be written to ensure parity across all individuals. 23/6/17: Beachcroft have conducted domestic DoLS training for CCG and CPTLD staff. The CCG has purchased a toolkit and precedent letters. The policy and procedure for assessing domestic DoLS will be written and then adapted by Beachcrofts into the toolkit. All funded CCG patients will then be revisited to assess for domestic DoLS and the first 5 assessments will be tested for quality by Beachcrofts.	3	4	12	↔	2 Action Required	23/06/2017	Lynn Franklin / Alison West	Dina McAlpine	Q&CG

**MINUTES OF AUDIT AND ASSURANCE COMMITTEE EXTRAORDINARY MEETING
HELD ON FRIDAY 19 MAY 2017 AT 09:15hrs
AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:

Peter Lucas	PL	Chair, Lay Member for Audit and Governance
Christine Reid	CR	Vice Chair, Lay Member for Patient and Public Involvement
Dr Anna Collings	AC	GP Vice Chair, NEW

In Attendance:

Tracey Cox	TC	Interim Accountable Officer
Steve Perkins	SP	Chief Financial Officer
Sujata McNab	SMcN	Deputy Chief Financial Officer
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Susannah Long	SL	Governance and Risk Manager
Ted Wilson	TW	Director of Community and Joint Commissioning (<i>in attendance for item 6 only</i>)
Mark Tucker	MT	Joint Commissioner, Specialist Commissioning Team, Wiltshire Council (<i>in attendance for item 6 only</i>)
Jenna Harvey	JH	Communications Manager (<i>until 10.25hrs</i>)
Duncan Laird	DL	External Audit, KPMG
Peter Barber	PB	External Audit, Grant Thornton
Lorraine Bennett	LB	Counter Fraud, TIAA
Sharon Woolley	SW	Board Administrator

Apologies:

Mark Harris	MH	Chief Operating Officer
Natalie Tarr	NT	Internal Audit, PwC
Lynne Baber	LBa	Internal Audit, PwC
Dr Mark Smithies	MS	Secondary Care Doctor
Kevin Henderson	KH	External Audit, Grant Thornton
Will Smith	WS	Security Management Service

Item Number	Item	Action
AAC/17/05/01	<p>Welcome and apologies for absence PL welcomed everyone to the meeting. The above apologies were noted.</p> <p>PL gave a special welcome to Peter Barber from Grant Thornton, the new External Auditors for the CCG with effect from 1 April 2017.</p> <p>PL wished to record the CCG's thanks to KPMG for their audit work over the years.</p>	
AAC/17/05/02	<p>Declarations of Interest Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the</p>	

	<p>business of Wiltshire CCG. (This included any relevant interests previously declared on the Register of Interests).</p> <p>There were none.</p>	
AAC/17/05/03	<p>Minutes from the meeting held on 14 March and 25 April 2017</p> <p>The minutes from the meeting held on 14 March 2017 were agreed as an accurate record, with the amendment to the attendance list to include Lynne Baber.</p> <p>The minutes from the extraordinary meeting held on 25 April 2017 were agreed as an accurate record.</p>	
AAC/17/05/04	<p>Matters Arising</p> <p>There were none.</p>	
AAC/17/05/05	<p>Action Tracker</p> <p>AACex/17/04/03.0 – HMRC’s payroll and engagement review to be highlighted at the May Governing Body Meeting - SP reported that HMRC’s NI and Tax review had been brought to the attention of those concerned at April’s Audit and Assurance Committee meeting, and at the Finance and Performance Committee meeting held on 16 May 2017. CLOSED</p> <p>All other actions were marked as closed.</p>	
ITEMS FOR DECISION		
AAC/17/05/06	<p>Learning and Disabilities Complex Needs Care Pathway Policy</p> <p>CR questioned the relevance of this item for the Audit and Assurance Committee, and felt that this Policy should be referred to the Quality and Clinical Governance Committee (Q&CGC). The monitoring of the Policy, once implemented, would be carried out by the Q&CGC and the Joint Commissioning Board.</p> <p>After a brief discussion, the 3 voting members present agreed that this item should be referred to the Q&CGC.</p> <p>TW and MT left the meeting.</p>	
AAC/17/05/07	<p>AAC Annual Report 2016/17</p> <p>PL introduced the Draft Annual Report for the Audit and Assurance Committee for 2016/17, highlighting the following items:</p> <ul style="list-style-type: none"> • To gain a satisfactory audit had been a significant achievement • A clean external audit was also reported. • The senior management changes over the last year for the CCG had been a concern for the Committee, but it was assured that considerable efforts were being made to appoint a full time Accountable Officer. <p>PB mentioned that Grant Thornton’s had recently carried out a review of what CCG’s were including in their AAC Annual Report. This would be shared with PL.</p> <p>The Committee approved the AAC Annual Report for 2016/17.</p> <p>ACTION: AAC/17/05/07.0 – Grant Thornton’s AAC Annual Report review information to be shared with PL.</p> <p>ACTION: AAC/17/05/07.1 – AAC Annual Report for 2016/17 to go to the May</p>	<p>PB</p> <p>PL</p>

	Governing Body.	
AAC/17/05/08	<p>Annual Report 2016/17 DJN reported that feedback received from the Committee, Grant Thornton and NHS England had been incorporated into the latest draft. A final draft would be presented at the May Governing Body Private Session.</p> <p>CR requested that the Quality Team was acknowledged within the report for their involvement in the patient and public involvement work.</p> <p>PL questioned the performance analysis section and the level of red indicators. TC recommended that the end of year assessment and the four areas would be best referenced in this section. The CCG was in good health operationally, and congratulations had been received from NHS England at the recent Quality Assurance meeting. A line to state it was the 'key constitutional performance' shown would also be added.</p> <p>Thanks were expressed to SL and JH for their work on the Annual Report.</p> <p>The Committee approved the Annual Report 2016/17, following the amendments as suggested.</p> <p>ACTION: AAC/17/05/08.0 – Final draft of the Annual Report 2016/17 to be presented to the May Governing Body Private Session.</p> <p>ACTION: AAC/17/05/08.1 – Quality Team reference to be added to the patient and public involvement section.</p> <p>ACTION: AAC/17/05/08.2 – Performance analysis section to be amended to include the four areas of the end of year assessment, and a line to state the 'key constitutional performance'.</p>	<p>DJN</p> <p>SL/JH</p> <p>SL/JH</p>
AAC/17/05/09	<p>Audited Annual Accounts and Financial Statements The Committee had gone through the draft accounts in detail at the meeting held on 25 April 2017. SP reported that since the meeting the accounts had undergone some minor presentational changes and additional explanatory notes and narrative had been added.</p> <p>A copy of the Letter of Representation that was to be sent to the External Auditors had also been included at the back of report for Committee information.</p> <p>The Committee approved the Annual Accounts and Financial Statements.</p> <p>ACTION: AAC/17/05/09 – Final draft of the Annual Accounts and Financial Statements to be presented to the May Governing Body Private Session.</p>	<p>SP</p>
AAC/17/05/10	<p>Review of Standards of Business Conduct Policy a) Conflicts of Interest Guidance</p> <p>The revised Policy and approach to conflicts of interest had been implemented last summer. Additional guidance had since been released from NHS England that required implementation by June 2017. The majority of these changes had been anticipated during the initial policy review and had put the CCG in a good position. The Standards of Business Conduct Policy therefore had little changes and there were no major concerns in the implementation of these.</p> <p>The main changes to note were:</p>	

- A change in how interests were categorised had changed from 'senior staff' to 'decision making staff'
- All staff were now to be asked to declare their interests – this included GP practice staff who were involved in decision making of the CCG
- The refresh of declarations would now be undertaken on an annual basis

SL explained that the definition of senior decision making staff and commissioners were still to be defined and then the appropriate staff, practice staff and GP's would be approached to declare any interests.

Section 5.0 concerning training was directly following the NHS England guidance. Training to be undertaken would be issued by NHS England in the Autumn. The CCG would include this alongside other mandatory training upon ConsultOD. It was suggested that a Governing Body Seminar could be used to provide face to face training for Committee Members. The CCG would need to record its completion rates as part of the annual conflicts of interest audit. Conflicts resolution training was noted in the Counter Fraud Plan and LB would be assisting in this area.

The Committee approved the Standards of Business Conduct Policy.

ACTION: AAC/17/05/10 – Conflict of interest training to be potentially delivered to Committee Members as part of a Governing Body Seminar.

SL/LB

ITEMS FOR DISCUSSION

AAC/17/05/11

Audit and Assurance Committee Self-Assessment

The Lay Members were required to undertake an annual assessment of the AAC. The HMFA checklist had been used. CR, MS and PL had met on 9 May 2017 to review the Committee, which gave an opportunity to reflect on the work undertaken.

It was acknowledged that the Accountable Officer had been invited to attend meetings when appropriate.

TC mentioned that BaNES CCG include a theme for discussion at the end of each AAC meeting, and this had been effective in ensuring Members were able to share items of concern or items to be aware of. PL ensured a similar process was in place as part of Any Other Business.

AAC/17/05/12

External Audit ISA 260 Report and Audit Findings

DL reported that there had been minor changes suggested to the accounts as a result of the audit.

Page 9 of the report noted the significant risks to the CCG. Co-commissioning had now moved to full delegation and 2017/18 would be the year to monitor. The CCG had maintained its own budgets for 2016/17. The arrangements for the Primary Care Commissioning Committee had been clarified and KPMG were happy with the set up.

Page 12 of the Financial Statements Audit confirmed KPMG's opinion on the review of the regularity of transactions and value for money. The QIPP schemes had been managed well and the CCG had achieved what it could. Appendix 1 reported the audit differences, of which the top three had now been resolved.

DL reported that it had been a good, smooth audit of the CCG and had been completed before the submission deadline.

<p>AAC/17/05/13</p>	<p>Internal Audit Recommendation Tracker 2017/18 In the absence of a PwC representative at the meeting, NT had prepared a written summary, which PL read out as noted below:</p> <p>The 2015/16 recommendations were showing good progress, with contract performance recommendations now being closed and validated. These would come off of the next tracker. One recommendation in progress concerning controls around IT and two for CHC. CHC would be followed up again as part of the 2017/18 internal audit.</p> <p>2016/17 recommendations - Seven were closed and validated, four were in progress and six are not yet due. Data Quality and Community Contracts would come off of the next tracker.</p> <p>The Committee expressed its thanks to SL and DJN for their work on ensuring actions were resolved.</p>	
<p>AAC/17/05/14</p>	<p>Internal Audit Annual Plan 2017/18 In the absence of a PwC representative at the meeting, NT had prepared a written summary, which PL read out as noted below:</p> <p>The draft plan had been presented to the AAC in March 2017 and the only changes to note were the removal of the IT digital roadmap and the Better Care Fund reviews; the addition of Information Governance and Children's CHC, and a change from Q1 to Q2 for the CHC Internal Audit review. Additionally, since the papers were circulated, PwC have had discussions with management around the timing of the Children's CHC review, which would now be performed in Q2 rather than Q1.</p> <p>SP explained that the digital road map item had been removed due to the plans to implement it wider; this had not yet commenced.</p> <p>Page 9 indicated the frequency of reviews.</p>	
<p>AAC/17/05/15</p>	<p>Local Counter Fraud Annual Report 2016/17 LB presented the Counter Fraud Annual Report for 2016/17. Page 5 gave a breakdown of the self-review tool as set by NHS Protect. Each theme had standards underneath to record against. These would be picked up as part of the work plan. As reported on page 11, the staff survey conducted by TIAA received a poor response, although responses had been positive. TIAA would be looking at different ways to conduct the survey for 2017/18. 12 referrals/enquiries had been received during 2016/17, mainly from primary care. Raising awareness of the service would continue.</p>	
<p>AAC/17/05/16</p>	<p>Local Counter Fraud Draft Annual Plan 2017/18 LB explained that risk assessments had been undertaken in relevant areas, which formed the plan of activity shown in the work plan. Although the plan covered the next 3 years, it was acknowledged that plans need to change when new risks emerge.</p> <p>In answering questions, LB stated that IT deal with the ransom ware. There was a specialised team within TIAA who could provide specific assistance if needed.</p>	
<p>AAC/17/05/18 <i>(item moved)</i></p>	<p>Information Governance Group meeting minutes (December 2016) The cyber-attack that occurred on 13 May 2017 had affected global organisations, as well as the NHS. DJN reported that the CCG and major providers had not been affected. The CSU IT deserved credit for the way they dealt with the attack; ensuring our systems were up to date had reduced the</p>	

	<p>risk to the CCG. A report was awaited from the CSU, from which a briefing note would be circulated to staff.</p> <p>SP advised that only one practice had been affected due to one computer working on Windows XP due to needed integration with clinical systems. The CCG would ensure that these systems were updated.</p> <p>DJN confirmed that the Information Governance Toolkit had been submitted. An ongoing issue was being looked at with the Chief Clinical Information Officer's concerning implied and explicit consent through TPP. A plan was to be put into place to ensure compliance. An update would be brought to the Committee when appropriate.</p> <p>The notes from the Information Governance Group meeting held on 6 December 2016 were received and noted.</p>	
AAC/17/05/17	<p>Security Management Services Annual Report 2016/17</p> <p>Paul Travers had left TIAA at the end of April, and had been replaced by Will Smith. In the absence of Will, DJN explained that the Security Management Annual Report had been prepared by Paul prior to leaving and set out the work undertaken over the last 12 months.</p>	
ITEMS FOR NOTING		
AAC/17/05/19	<p>Aged Receivables and Payables Report</p> <p>SP explained that the paper informed the Committee of the outstanding receivables and payables as at 3 May 2017. The receivables were actively pursued.</p> <p>The Committee received and noted the report.</p>	
AAC/17/05/20	<p>Losses and Special Payments Report</p> <p>There were four main categories for both losses and special payments. The CCG had incurred losses for impairment of IT equipment and receivables.</p> <p>The Committee received and noted the report.</p>	
AAC/17/05/21	<p>Competitive Tender Waivers</p> <p>SP reported that there was one tender waiver form for review for tax consultancy from PwC for their payroll and engagement work on HMRC's inquiry into payments made to GP's.</p> <p>The Committee received and noted the report.</p>	
AAC/17/05/22	<p>Any Other Business</p> <p>PL welcomed any further items for discussion from Committee Members.</p> <p>a) Delayed Transfers of Care</p> <p>CR raised DTOC as an item to be reviewed by the AAC following recent activity reports. TC and SP agreed to follow this up with Ted Wilson. An appointment had now been made to the Director of Transformation and Integration which would oversee the Better Care Fund. TC reassured the Members that DTOC and indicators were regularly reviewed by EMT. SP added that AWP activity would particularly be monitored through the year. The CCG was aware of their current significant vacancy rate.</p> <p>ACTION: AAC/17/05/22a - TC and SP to follow up DTOC activity with Ted Wilson.</p>	TC / SP

b) Workforce Issues

AC questioned whether AAC members felt assured that the workforce issues identified on the Risk Register were being addressed. DJN suggested that Jenny Hair, Strategic Workforce Advisor for the CCG, be invited to attend the July AAC to update Members on the work being progressed through the STP workforce workstream.

ACTION: AAC/17/05/22b – Jenny Hair to be invited to attend July AAC meeting to present on the STP workforce workstream progress.

DJN

TC reported that a meeting was planned with Hayley from AWP to review their recruitment and retention plans and to understand their strategy. It was noted that recruitment and retention across Wiltshire as a whole was currently proving an issue. SP explained that soft intelligence was being gathered to ensure additional monies given to AWP were being used against staffing issues.

c) Restrictive Treatment and Procedures Policy

PB stated the Restrictive Treatment and Procedures Policy should be implemented across the CCG and staff awareness raised. Over the next few weeks Grant Thornton would survey the work of the CCG to gather best practice. This was not a direct concern of the AAC, but would be CCG wide.

d) Primary Care Risks

PL felt that there was a growing risk to the CCG against the failure to meet targets and the increased burden on GP's, and questioned whether as a CCG those urgent issues were recognised. AC added that the biggest risk to Primary Care, was the work not being counted. TC assured Members that the level of risk around Primary Care was a concern and was regularly being reviewed.

CR explained that the GP Forward View paper being presented at the May Governing Body meeting gave a very clear analysis of the work being undertaken. It was suggested that the paper should be read by all before further discussions took place.

e) HMFA Conference for CCG and Acute Audit Chairs

PL reported that he had recently attended the HMFA conference. Robert Woolley from Bristol Hospitals had been a key speaker at the event; and had particularly referenced that CCG's in the area had not played a part in the hospitals achievement of CQC rating. PL highlighted this to the Committee due to the current environment and management issue concerns, and the emerging risks to the CCG, some of which the CCG had no control over (Government agendas). TC assured Members that the CCG exercised choices where it could and that the emerging integration with Wiltshire Council could bring a welcomed influence over Government changes and options.

The meeting concluded at 10.45hrs

Date of next Audit and Assurance Committee Meeting: Tuesday 11 July 2017, 09.15-11.00hrs