

**Clinical Commissioning Group
 Governing Body**

Paper Summary Sheet

Date of Meeting: 26 September 2017

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/17/09/17a 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 12 September 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 – 11 July 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.



MINUTES OF AUDIT AND ASSURANCE COMMITTEE MEETING
HELD ON TUESDAY 11 JULY 2017 AT 09:15hrs
AT SOUTHGATE HOUSE, DEVIZES

Voting Members Present:

Peter Lucas	PL	Chair, Lay Member for Audit and Governance
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Anna Collings	AC	GP Vice Chair, NEW

In Attendance:

Linda Prosser	LP	Interim Chief Officer
Sujata McNab	SM	Deputy Chief Financial Officer
Susannah Long	SL	Governance and Risk Manager
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Lynne Baber	LBa	Internal Audit, PwC
Peter Barber	PB	External Audit, Grant Thornton
Will Smith	WS	Security Management Service
Sharon Woolley	SW	Board Administrator
Jenny Hair	JH	Strategic Workforce Adviser (<i>for item 17 only</i>)

Apologies:

Steve Perkins	SP	Chief Financial Officer
Natalie Tarr	NT	Internal Audit, PwC
Christine Reid	CR	Vice Chair, Lay Member for Patient and Public Involvement
Kevin Henderson	KH	External Audit, Grant Thornton

Item Number	Item	Action
AAC/17/07/01	Welcome and apologies for absence PL welcomed everyone to the meeting. The above apologies were noted. PL gave a special welcome to Linda Prosser who joined the CCG as the Interim Chief Officer and was in attendance to observe the meeting.	
AAC/17/07/02	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 business of Wiltshire CCG. (This included any relevant interests previously declared on the Register of Interests). There were none.	
AAC/17/07/03	Minutes from the meeting held on 19 May 2017 The minutes from the meeting held on 19 May 2017 were agreed as an accurate record.	
AAC/17/07/04	Matters Arising a) Update on Delayed Transfer of Care Activity	

	<p>In the absence of a representative from the Mental Health team, SM offered to take any questions back to the team concerning the brief on Mental Health Delayed Transfers of Care.</p> <p>The Committee felt that this paper needed a team member to present it fully and suggested that it was brought back to the September meeting, and an appropriate representative invited. It was also acknowledged that the review of the deterioration of transfer of care activity was a responsibility of the Finance and Performance Committee. PL would raise the Committee's concern at the Finance and Performance Committee meeting to be held immediately after AAC.</p> <p>ACTION: AAC/17/07/04.0 – The Mental Health Delayed Transfers of Care brief to be brought back to the September meeting, and an appropriate representative invited.</p> <p>ACTION: AAC/17/07/04.1 – The Audit and Assurance Committee's concerns over deterioration of transfer of care activity to be raised at the July Finance and Performance Committee meeting.</p> <p>Post Meeting Note: The paper and deterioration of transfer of care activity was subsequently raised at the July Finance and Performance Committee.</p> <p>b) Standards of Business Conduct Policy SL informed Members that NHS England had released further Conflict of Interest guidance on 16 June 2017. Minor changes would need to be made to the Standards of Business Conduct Policy and brought back to the Committee for approval.</p> <p>ACTION: AAC/17/07/04.2 – Revised Standards of Business Conduct Policy to be brought back to the Committee in September for approval.</p>	<p>SW</p> <p>PL</p> <p>SL</p>
AAC/17/07/05	<p>Action Tracker All actions were marked as completed.</p>	
ITEMS FOR DECISION		
AAC/17/07/06	<p>Arrangements for Archiving Wiltshire PCT Policies The HR legacy policy review was now complete, ensuring all policies were clear and current. RH explained that since the PCT ceased, a number of policies and procedures had remained on the PCT intranet site. It was decided to take stock of these to see what policies continued to be used, and which were no longer in use.</p> <p>The paper sought approval for these PCT policies to be archived as good 'housekeeping' practice. Appendix A provided a list of the policies suggested for archive, and the rationale. EMT and the Staff Partnership Forum were aware of the exercise.</p> <p>The Committee approved the archive of the PCT policies.</p>	
AAC/17/07/07	<p>Risk Management Policy SL explained that the Policy had been reviewed as part of its routine 3 year update. The Risk Management Strategy was the key document, and was</p>	

	<p>reviewed annually. The Policy has been updated and aligned with the Strategy. The minor amendments were shown in red.</p> <p>The Committee approved the Risk Management Policy.</p>	
<p>AAC/17/07/08</p>	<p>Sickness Absence Policy RH reported that the absence policy developed with the CSU HR was in place to ensure that there were clear and robust arrangements for the management of absence. Gaps had been highlighted in the clarity of arrangements in certain sections of the policy including those in regard to alternative re-deployment options. The policy had now been improved to provide clarity on arrangements to ensure that individuals in the workforce were appropriately supported. EMT and the Staff Partnership Forum (SPF) were in support of the revised policy. The proposed changes had been circulated to staff via the recent 14 days e-newsletter in advance of the SPF.</p> <p>Since engagement with the SPF, upon receipt of expert advice received from HR, further clarity in regard to permanent redeployment had been added. This was shown under 5.1.2 in the policy presented to AAC. RH explained the rationale for the inclusion of the proposed additions, noting the precedent that policies agreed by AAC had been subject to minor amendments at the point of agreement without the need to go back out to wider consultation. Members were concerned that this recent amendment had not yet been shared with the SPF. RH advised that it is planned to raise the inclusion of the minor change at the SPF meeting in August.</p> <p>LP queried if there was a partnership agreement in place with other STP organisations to support re-deployment options. RH said that a wider partnership with NHS partners would be investigated.</p> <p>AC raised the subject of fit notes, and the burden that the production of these placed on Primary Care. AC felt that generally managers were expecting the fit notes to be produced as part of sickness absence reporting when the self-certification period was still appropriate. This placed unnecessary pressure on GPs and did not fit reality or recognise that GPs could say no to the fit note request. RH explained that managers were to understand the wording of the policy, which only required a fit note to be produced when required. The policy was supported by guidance notes and this clarification would be further enhanced. The Agenda for Change national NHS guidance also governed the policy. The fit note reference had not changed from the previous policy. The validation and benefit of a fit note request would be noted for consideration during the next review.</p> <p>The Committee approved the policy as worded, but noted that if changes were required following the SPF review; it would be brought to the Committee again for approval.</p> <p>ACTION: AAC/17/07/08.0 – Policy amendment to be highlighted to the Staff Partnership Forum in August.</p> <p>ACTION: AAC/17/07/08.1 - A wider partnership with NHS partners to be investigated for re-deployment options.</p>	<p>RH</p> <p>RH</p>
<p>AAC/17/07/09</p>	<p>Bullying and Harassment Policy RH reported that the Staff Survey conducted at the end of 2016 raised the issue of bullying and harassment in the CCG. EMT had since produced an action plan to address a number of survey issues and reaffirmed, at a recent staff meeting, the zero tolerance approach to bullying and harassment. The next Staff Survey would be conducted in September/October 2017.</p>	

	<p>The policy had been strengthened to clarify what constituted bullying. EMT and SPF were in support of the revised policy.</p> <p>Additional to the policy revision, a provision of bullying and harassment training was to be supplied.</p> <p>PL questioned if those staff who had raised the bullying instances through the survey were now satisfied that issues were being dealt with. RH explained that the survey was anonymous, but would review this further where possible. It was a concern that some staff members chose to raise issues through the anonymised survey, rather than through the formal process.</p> <p>The Committee approved the amended Bully and Harassment Policy.</p> <p>ACTION: AAC/17/07/09 – Staff Survey responses to be reviewed where possible to determine if those staff who raised bullying issues were content that this was addressed and were happy with the actions being implemented.</p>	RH
ITEMS FOR DISCUSSION		
AAC/17/07/10	<p>Review Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>SL explained that the BAF had undergone a full review and had been adjusted to reflect the CCG's Strategic Objectives for 2017-18. The BAF ensured that controls and assurance were in place, around issues that have been raised. From an audit perspective, LBa confirmed that the BAF followed a standard format and was clear and focussed. The quality of controls should also be considered. PB felt that the robustness of data may need to be challenged. Learning from previous issues should be reflected upon.</p> <p>The following amendments were suggested:</p> <ul style="list-style-type: none"> • Action planner to state 'no further action required' to indicate that controls were already in place • STP reference to state 'partnership' not plan • Resilience of GP's to note the pressures of neighbouring practices and urgent care. <p>The Committee approved the BAF, with the suggested amendments made.</p> <p>The RR had been reviewed by EMT and new risks had been added. Some risks had been time bound and had been removed. The RR indicated the top 19 risks. The top 10 risks would be presented to the Governing Body in July.</p> <p>LP questioned the risk ratings and if these were correct when considering the perspective of the CCG. This would be raised for discussion at EMT but an example drawn from the register did appear to correctly reflect the risk.</p> <p>ACTION: AAC/17/07/10.0 – Suggested amendments to be made to the Board Assurance Framework.</p> <p>ACTION: AAC/17/07/10.1 – Risk ratings identified on the Risk Register to be discussed by EMT to ensure relative to the service and the CCG.</p> <p>The Committee approved the Risk Register, and the top 10 risks as listed.</p>	SL LP
AAC/17/07/11	<p>Review Gifts, Hospitality and Sponsorship Register</p> <p>SL presented the Gifts, Hospitality and Sponsorship Register, which recorded declarations for the period 1 January 2017 to 30 June 2017. A rolling 6 months</p>	

	<p>of the register was required. A new 'cumulative value' column had been added to indicate a total value for the preceeding 12 months.</p> <p>PL queried the lack of declarations from areas other than the NEW group. SL was satisfied that declarations were being made as required. The NEW group were accepting sponsorship, while other groups had taken the decision not to pursue sponsorship; their own funds would be used to hold events.</p> <p>LP suggested that it would be interesting to see if there is any change in prescribing following sponsored events.</p> <p>The Committee noted the Gifts, Hospitality and Sponsorship Register</p>	
AAC/17/07/12	<p>Internal Audit Progress Report 2017/18</p> <p>LBa explained that PwC was in the planning stage of audits. Page 3 indicated the terms of reference that had been issued for reviews. Management had requested that the schedule of audits were reviewed, but momentum was now evident. Details were being finalised for the Risk Management workshop to be held for the CCG.</p> <p>When the Children's CHC audit was undertaken, MS requested that the transition starting point by paediatricians was questioned. It should be from 14 years old or earlier. This would then reduce the expectation on Adult CHC.</p>	
AAC/17/07/13	<p>Internal Audit Recommendation Tracker 2017/18</p> <p>The tracker indicated a lot of progress against the identified risks. LBa reported that from 26 recommendations, only 7 were still in progress, Others had been closed and validated. This was more in kilter with other CCG's.</p> <p>The frequency of the Committee receiving this report was raised. LBa suggested that the Recommendation Tracker was brought to the Committee twice a year in January and July. This was agreed. It would continue to be reviewed by EMT on a quarterly basis.</p>	
AAC/17/07/14	<p>Security Management Services Progress Report 2017/18</p> <p>WS presented the first quarter report. The NHS Prevent agenda had been a focus, particularly GP's security. Reports of petty thefts at Southgate House continued to be monitored. A TIAA lone working survey had been drafted; this would be circulated to staff within the next couple of weeks. The results would be given in the next report.</p> <p>WS worked across 3 CCG's and endeavoured to share learning where possible. RH explained that a Health and Security review had been undertaken, bringing together Property Services and TIAA. A joint action plan had been produced, creating a joined up environment of support agencies.</p> <p>It was noted that MS wished to attend a bespoke security awareness course when held in the future.</p>	
AAC/17/07/15	<p>External Audit Fee 2017/18</p> <p>The letter circulated with the meeting papers set out the audit fee and billing arrangements, along with the timetable of work.</p> <p>PB wished to note that Kevin Henderson was retiring. A replacement was being recruited, and would join the Committee in due course as the Grant Thornton representative.</p>	
AAC/17/07/16	<p>External Audit Technical Update and Progress Report</p> <p>PB presented the first external audit progress report from Grant Thornton (GT) since taking over from KPMG. The first part of the report looked at the planned</p>	

timetable for audit work. GT would be regularly liaising with internal audit, carrying out interim fieldwork to review the financial systems and would be risk assessing against 1) internal decision making, 2) sustainable employment and 3) workforce and use of assets.

Other activity would include the production of regular key issue bulletins and national reports. These would be circulated to the Committee when relevant.

The second part of the report focussed on national reports and emerging issues for the Committee and the CCG to be aware of. A sustainable primary care had been an area of work undertaken with Swindon CCG Members and Officers. Discussions would be held with SP and Jo Cullen to consider the actions required for Wiltshire. LP wished to also join the discussion. AC felt that the national picture was not always relevant to Wiltshire, and GPs were not favouring employment within NHS Trusts. Wiltshire was proactive with its primary care service delivery and was further ahead with its resilience programme. Somerset now had a sustainable primary care due to offering a portfolio of careers in hospitals.

The Board report on page 8 looked at the effectiveness of a Board and how informed decisions were made. The benefits of CCGs collaborating had been explored in a recent round table discussion held by GT. The summary report was shown on page 9.

(JH joined the meeting)

PL reported that he regularly attended the South West Forum hosted by GT, taking advantage of the shared learning across CCGs. WCCG should utilise the services further offered by GT. The report and the sharing of best practice would help significantly towards the integration work underway with Wiltshire Council.

AAC/17/07/17

The Workforce Challenges

JH was in attendance to brief the Committee about the work going on in Wiltshire to meet the significant workforce challenges across the sector. Workforce was the biggest strategic risk to the operational delivery of the CCG and Health and Social Care.

JH gave a comprehensive presentation on the workforce challenges faced and assured the Committee that a huge amount was going on. Organisations were doing their best in difficult circumstances and a demanding and complex environment.

The work undertaken by JH was to focus on building longer term initiatives to contribute to mitigating the workforce risks. A work programme for 2016-18 had been agreed, working with the STP and through the Better Care Plan initiative to develop skills. The Person Centred Coaching programme gave skills to front line practitioners to engage with patients to ensure individual responsibility for their own health and lifestyle. PB felt that the Voluntary Sector could be a valued resource in this area, empowered to help with the workload. JH was working with Wiltshire Council, who had suggested organisations to include on the programme.

MS informed Members that training for unpaid carers had been raised at the May Governing Body meeting. The unpaid workforce needed to be a consideration too and should be invited to attend training and conferences.

MS also queried the involvement of Wiltshire Health and Care. It was an opportunity for them to assist with the analysis of data and assess the needs of

	<p>the workforce. JH explained that she represented the CCG on the STP Workforce Steering Group and was leading on the drafting of the STP Workforce Strategy.</p> <p>The questions of ‘how do we change’ and ‘where do we change’ was raised to focus the enormous task required. Through the Better Care Plan work, JH explained that the processes and systems were being reviewed and redesigned to ensure the workforce were carrying out only the tasks required of them and working jointly with other areas to ensure that pathways were not delayed. This could not stay the same. A 1 year and 20 year view was needed to position staff more efficiently. The development within each organisation needed to be encouraged to ensure the skill set was there and the culture of staff was consistent. LP informed Members that Wiltshire Council had recently received support from Local Area Co-ordination to ensure resources and people within Wiltshire’s communities were capitalised.</p> <p>It was acknowledged that there were not enough staff resources in place to support this workforce programme. JH’s contract was due to end in April 2018. A paper was being taken to the Joint Commissioning Board meeting in July to further amplify the importance.</p> <p>The Committee thanked JH for her presentation and update on the workforce programme.</p> <p>(JH left the meeting)</p>	
ITEMS FOR NOTING		
AAC/17/07/18	<p>Information Governance Group meeting minutes (7 March 2017) The notes from the Information Governance Group meeting held on 7 March 2017 were received and noted.</p>	
AAC/17/07/19	<p>Aged Receivables and Payables Report The Committee received and noted the report.</p>	
AAC/17/07/20	<p>Losses and Special Payments Report There were no losses and special payments to report.</p>	
AAC/17/07/21	<p>Competitive Tender Waivers SM reported that the completed tender waiver shown as appendix 1 of the paper concerned the community audiology service in South Wiltshire provided by Action on Hearing Loss. The waiver approved a one year extension to the service whilst a review was undertaken.</p> <p>The Committee received and noted the report.</p>	
AAC/17/07/22	<p>Any Other Business</p> <p>a) Resignation of Wiltshire CCG Chair The Committee noted that the resignation had been received from Dr Peter Jenkins from his position as Clinical Chair of the CCG. Peter would leave the role at the end of September. A replacement process would now commence to ensure there was a sufficient handover period. The Committee wished to note it’s thanks to Peter.</p>	
	The meeting concluded at 11.10hrs	

**Date of next Audit and Assurance Committee Meeting:
Tuesday 12 September 2017, 09.15 - 11.00hrs**

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan September 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). Interim joint structure for Community, Mental Health, learning Disabilities and Childrens Commissioning.	Governing Body minutes; Positive relationships at Health & Wellbeing Board; Assessment of Integrated Team performance summer 2016.	Joint OD Plan	None	01/09/2017	Interim Accountable Officer	Appointment of joint post for AO & Corporate Director/DASS. Section 75 agreement to set out governance in support of joint post. Operating Model developed for Integrated Community Teams	Dec 17 Dec 17 Nov 17	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	01/09/2017	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.	01/09/2017	Director of Primary Care & Urgent Care	Internal Audit to undertake review of governance and budget monitoring processes.	Q3	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	01/09/2017	Chief Operating Officer	STP engagement Plan to be developed following STP reset meeting.	Sep-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	01/09/2017	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	01/09/2017	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	01/09/2017	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. Action plan to IGG in Sept'17.	Sep'17	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 Ability to robustly compare 16/17 data to 17/18 data for non electives due to change to HRG4+ coding nationally.	None	01/09/2017	Chief Finance Officer / Chief Operating Officer / Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	Reconciliation of non elective data Completion of Directorate Business Plans	Sep 17 Oct 17	Amber	
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	01/09/2017	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.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	01/09/2017	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	01/09/2017	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	01/09/2017	Chief Finance Officer / Director of Quality / Director of Integration	No further action needed		Green	
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	01/09/2017	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	01/09/2017	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.	01/09/2017	Director of Urgent and Primary Care	Ongoing assessment of vulnerable practices and identification of actions. Development of Primary Care Provider proposal building on "at scale" discussions.	Ongoing Q3	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	Local system agreement on bounds of the ACS.		01/09/2017	Interim Accountable Officer	STP Leadership Group agreement to definitions and boundaries of ACS and Delivery Units.	Sep 17	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	None	01/09/2017	Interim Accountable Officer	Confirm timetable for 2017/18; Publish timetable; Diarise EMT compliance check.	Sep-17	Amber	

Community Joint Specialist Risk Report

Reference:	CJ - 16/042
Entry Date:	16/04/2013
Review Date:	29/08/2017
Risk Status:	Action Required

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Executive Lead:	Ted Wilson, Director of Community Services & Joint Commissioning
Operational Lead:	Georgina Ruddle, Joint Commissioner
Overseeing Committee:	
Risk Source:	Performance Meetings - W - 13/011

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	5	4	20		5	4	20	↔		2	4	8

Risk Description (including the effect if the risk):

Within the AWP current contract there is 128.66WTE 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.

Existing Controls / Assurance:

Wiltshire Focus Recruitment and Retention Improvement Plan (reviewed through monthly Local CQPM);
Workforce Strategy Group (agreed ToR);
Local CQPM Contract Governance Structure;
AWP Wiltshire establishment monthly report.

Actions required to mitigate risk:

Monitor implementation of actions in AWP Wiltshire CCG 'Recruitment & Retention improvement plan V11 Aug'17'

Due Date

~~31.10.16~~
30.09.17

Progress against actions:

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.
August CQPM: The vacancy level for substantive staff in month 3 was 23.3% [128.66wte], an improvement over month 2. Fixed term contracted temporary staff reduce this vacancy factor to 12%. Use of ad-hoc temporary staff shows a total level of staffing at 93%
Current recruitment activity shows that Wiltshire has 86.63 WTE posts currently in progress within the recruitment process. We have offered posts to 45.4 WTE, 24.5 WTE of whom are external candidates to AWP. 26 of these people have had start dates to commence work with Wiltshire services on or before the 31 July 2017. There are another 19.6 WTE who are still in the pre-employment checks part of the process so no start date has yet been given.

Position on previous Governing Body report:	7
Suggested position for next Governing Body report:	1

Primary & Urgent Care Risk Report

Reference:	P - 17/046
Entry Date:	29/08/2017
Review Date:	29/08/2017
Risk Status:	Action Required

New

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	Tracey Strachan, Deputy Director of Primary Care
Overseeing Committee:	Clinical Executive/PCJCC
Risk Source:	Operational Risk

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16			2	3	6

Risk Description (including the effect if the risk):

Vulnerability of practices - increasing numbers of practices under pressure from vacancies and sickness and unable to recruit. High levels of stress and sickness amongst clinical staff working long hours. Risk to quality of service to patients and patient safety. Risk of increased activity in secondary care in both planned and urgent care services as knock on effect of use of locums and patient access difficulties. Financial impact for practices and CCG through locum top-up and other support and knock on impact on neighbouring practices (through having to pay higher locum fees and scarcity of locums). £60k resilience support from NHSE but forecast cost of circa £345k. Continued recruitment issues or withdrawal of CCG support could cause practices to give notice on their contracts - one practice is closing in September 2017. CCG responsibility to ensure services available to patients and may need to tender new contracts and potentially contract for interim cover.

Existing Controls / Assurance:

CCG working with LMC and individual practices to support.
 Locality plans being developed and proposal for increased project management in localities being drawn up.
 Regular review of impact of resilience work in practices.
 Monthly GPFV/resilience board.
 Support for practice mergers where agreed.

Actions required to mitigate risk:

Continuous assessment of practice risk.
 Continued support as per agreed principles.
 Development of exit strategy for support - including alternative provision.
 Development of county wide provider organisation and potential risk sharing.
 Continued and enhanced support to locality working.

Due Date
31/12/2017

Progress against actions:

Ongoing GPFV/resilience meetings.
 Developing agreements to match fund project management at locality level.
 Practice provider organisation being developed.

Position on previous Governing Body report:	Not on report
Suggested position for next Governing Body report:	2

Primary & Urgent Care Risk Report

Reference:	P - 16/044
Entry Date:	Jul-16
Review Date:	30/08/2017
Risk Status:	Accepted

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	Patrick Mulcahy, Associate Director of Urgent Care
Overseeing Committee:	Local Delivery Board
Risk Source:	

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↑		2	4	8

Risk Description (including the effect if the risk):

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).

Existing Controls / Assurance:

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 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.
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 system action plans with clear KPIs.

Actions required to mitigate risk:

Agreed escalation process in place with CCG support x 3 acutes as required.

Due Date

Progress against actions:

OPEL response and escalation reporting to NHSE on variation of status at OPEL 3 and 4 in place
Monitoring of Trust and system OPEL status in place and escalation processes enacted as necessary
Monitoring of DTtoC position in place with supportive action planning in place to assist patient flow

Position on previous Governing Body report:	2
Suggested position for next Governing Body report:	3

Acute Commissioning Risk Report

Reference:	A-15/062
Entry Date:	Jun-16
Review Date:	25/08/2017
Risk Status:	Action Required

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Andy Jennings, Head of Acute Commissioning
Overseeing Committee:	
Risk Source:	

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	5	4	20		4	4	16	↑		3	2	6

Risk Description (including the effect if the risk):

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.

Existing Controls / Assurance:

Monthly performance Data.
Contract Key Performance Indicators
Feedback from Trust at TWG's

Actions required to mitigate risk:

- Improved system effectiveness between Arriva Transport Solutions Ltd (ATSL) and trusts. - Additional funding required to at least maintain current performance and prevent deterioration.
- CCGs working pan SW to develop common, revised, eligibility criteria and process. Expected to reduce total demand slightly, once implemented.
- CCGs working pan SW to develop common patient eligibility assessment using Somerset CSU instead of, in our case, the PTS provider. Expected to lead to slight reduction in demand.
- CCGs preparing to start process of providing of procuring new provider if agreement cannot be reached with ATSL regarding contract criteria.
- B&W CCGs co-sponsoring a project at RUH to record all on-day activity whether PTS contract or other, to identify full picture of need, and jointly consider with RUH possible better way to deliver this activity - potentially reducing impact of on-day activity on PTS service.

Due Date
30.09.17

Progress against actions:

- CCG committing additional £369K p.a. from 13 Feb 17 to put ATSL into non-loss-making position.
- CCG committed funding for additional discharge support vehicle at each trust initially from 6 Dec to 10 Feb, now extended to 31 Mar 17, total cost c.£110K (expensive resource for number of journeys completed).
- 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 and are being pursued.

Position on previous Governing Body report:

8

Suggested position for next Governing Body report:

4

Corporate Services Risk Report

Reference:	C - 14/038
Entry Date:	23/02/2015
Review Date:	19/09/2017
Risk Status:	Accepted

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Executive Lead:	Mark Harris, Chief Operating Officer
Operational Lead:	Jenny Hair, Workforce Lead
Overseeing Committee:	EMT
Risk Source:	Audit of workforce capacity across Health & Social Care system

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	3	6

Risk Description (including the effect if the risk):
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.

Existing Controls:

- 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.

Actions required to mitigate risk:	Due Date	Progress against actions:
		<p>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.</p> <p>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.</p> <p>Better Care Plan Programme of training for rehabilitation skills and health coaching delivered and more planned. Dementia training proposal developed.</p>

Position on previous Governing Body report:	1
Suggested position for next Governing Body report:	5

Acute Commissioning Risk Report

Reference:	A-17/070
Entry Date:	Jun-17
Review Date:	25/08/2017
Risk Status:	Accepted

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Andy Jennings, Head of Acute Commissioning
Overseeing Committee:	RTT Steering Boards and CRM
Risk Source:	

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	2	4

Risk Description (including the effect if the risk):

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.

Existing Controls / Assurance:

Performance monitoring via RTT delivery and steering groups escalated to CRMs as required.

- GWH remedial action plan.
- RUH remedial action plan.
- Performance review at contract review meetings.

Actions required to mitigate risk:

Deliver actions detailed in agreed remedial action plans.

Due Date:

30.09.17

Progress against actions:

Remedial action plans monitored monthly.
In June the CCG did not deliver: 2ww (92.73% vs 93% target), 2ww breast symptomatic (78.8% vs 93% target) (75.32% at RUH, 66.4% at GWH, RAPs in place and outcomes of national pathway review awaited) and 62 day performance (77.8% vs 85% target) (84.08% at RUH – breaches in urology and colorectal, and larger than usual number of complex patients with shared care, 81.29% at GWH, recovery actions being implemented). GWH has started to show improvement in their 2ww breast symptomatic performance following the implementation of their remedial action plan. SFT achieved all targets in June except 62 day screening 75% vs 90% target – 0.5 from a total of 2 patients.

Position on previous Governing Body report:

6

Suggested position for next Governing Body report:

6

Finance & Informatics Risk Report

Reference:	F - 17/016
Entry Date:	01/06/2017
Review Date:	25/08/2017
Risk Status:	Action Required

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Executive Lead:	Steve Perkins, Chief Financial Officer
Operational Lead:	Simon Yeo, Estates Advisor
Overseeing Committee:	Finance and Performance Committee
Risk Source:	

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		3	3	9

Risk Description (including the effect if the risk):

Wiltshire CCG has undertaken a strategic healthcare planning (SHP) for North Wiltshire (focussed on Chippenham, Melksham and Trowbridge) with a view to redesigning the community estate and addressing the primary care space gap that is predicted by 2026. There is a risk that the scale of challenge may not be fundable and that any solution would see an increase in the programme costs of the organisation (which would need to be funded from allocation growth).

Existing Controls / Assurance:

The SHP has been finalised and is being used to inform a strategic outline case (SOC) for consideration by the Governing Body to determine the way forward. The programme of work is monitored via the estates steering group.

Actions required to mitigate risk:

The Governing Body has confirmed the direction of travel required for the Strategic Outline Case. Further work will now commence to develop and Outline business case in order to quantify the financial challenge and identify potential funding sources including through STP streams.

Due Date
30.04.18

Progress against actions:

A capital bid was submitted via the STP earlier in 2017/18 - a revised value for money return is being completed in September to support an application against wave 2 funds. A paper will be taken to the Governing Body outlining the resource requirements to advance the OBC and to request support for this which will enable scoping of funding streams and benefits.

Position on previous Governing Body report:	Not on report
Suggested position for next Governing Body report:	7

Quality Risk Report

Reference:	Q - 15/032
Entry Date:	29/02/2016
Review Date:	29/08/2017
Risk Status:	Action Required

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	4	12		3	4	12	↕		1	4	4

Executive Lead:	Dina McAlpine, Director of Quality
Operational Lead:	Lynn Franklin / Alison West
Overseeing Committee:	Q&CG
Risk Source:	Change in case law

Risk Description (including the effect if the risk):
 The CCG supports approximately 40 people who are CHC eligible and require care in their own home. The CCG is obliged to ensure that these individuals are not being deprived of their liberty if a) the individual is subject to continuous supervision and control, b) the person is not free to leave. The CCG currently lacks assurance that those individuals who do not have capacity to consent to their care arrangements are not being unlawfully deprived of their liberty and this could expose the CCG to legal challenge.

Existing Controls / Assurance:
 Audit to identify cohort of patients subject to this ruling.
 Existing care plans should demonstrate least restrictive care option.
 CHC assessors and CTPLD health staff have received training on DoLS in the community by Beachcrofts.

Actions required to mitigate risk:	Due Date	Progress against actions:
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; Proposal for Best Interests Assessor to be appointed from Safeguarding monies. Deeper dive assessment of cases including the reassessment of capacity. Standard precedent letters to engage with Healthcare professionals and families provided by Beachcrofts. Process to be embedded into CHC and s117 standard assessment of risk process.	30.09.16 31.08.17 30.09.17 30.11.17	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 CTPLD 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.

Position on previous Governing Body report:	10
Suggested position for next Governing Body report:	8

Quality Risk Report

Reference:	Q - 15/029
Entry Date:	04/08/2015
Review Date:	29/08/2017
Risk Status:	Action Required

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	2	3	6		3	4	12	↔		3	2	6

Executive Lead:	Dina McAlpine, Director of Quality
Operational Lead:	Jane Whitehead, Operational Lead / Marsha Barlow, Operational Lead
Overseeing Committee:	Q&CG
Risk Source:	Operational

Risk Description (including the effect if the risk):
 Lack of agreement regarding eligibility recommendations for CHC cases with Local Authority, of which four are LD, have lead to formal disputes and continuing CCG funding dating back to 2015 in some cases. This holds significant financial risk for the CCG. The LA does not agree with the current dispute process for resolving disagreements regarding CHC eligibility. Consequently the CCG has been unable to progress 6 cases to the dispute panel and has continued to fund, without prejudice, at a significant financial pressure.

Existing Controls / Assurance:
 Robust use with MDT approach;
 Existing dispute process.

Actions required to mitigate risk: Engagement with Local Authority to redraft dispute process with draft policy scheduled for completion beginning of September 2017.	Due Date 30.09.17	Progress against actions: Joint review planned. A series of meetings have taken place with Local Authority partners. This will be escalated in early September with the expectation that dispute panels will then be scheduled and heard.
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Position on previous Governing Body report:	Not on report
Suggested position for next Governing Body report:	9

Quality Risk Report

Reference:	Q - 16/035
Entry Date:	27/02/2017
Review Date:	29/08/2017
Risk Status:	Accepted

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	2	4	8

Current Score	L	C	T	M
	3	4	12	↓

Target Score	L	C	T
	2	4	8

Executive Lead:	Dina McAlpine, Director of Quality
Operational Lead:	Fiona Ballard / Alison West
Overseeing Committee:	Q&CG
Risk Source:	Operational

Risk Description (including the effect if the risk):
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 CQUIN 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.

Existing Controls / Assurance:
SHINE checklist
NEWS audits
Staffing profile
NHSI involvement
GWH ED Dashboard presented to ED Delivery Board (Jun'17) and CQRM (Jul'17)

Actions required to mitigate risk:	Due Date	Progress against actions: ED dashboard in place and utilised by ED Team to enable them to identify actions and risks. This is shared at Board level. The number of 12 hour trolley breaches is being managed and there have been no recent serious incidents associated with ED and deteriorating patients. A CQC review was undertaken in March/April and reported on 4/8/17. Overall this gave a finding of Requires Improvement with the Urgent and Emergency service also requiring improvement. However, some improvements were identified in ED including training & supervision, incident reporting and caring. Urgent and Emergency received a rating of 'outstanding' for caring. Further improvement is needed to ensure that patient flow is maintained.
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Position on previous Governing Body report:	3
Suggested position for next Governing Body report:	10