

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 24 May 2016

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/16/05/19 Board Assurance Framework & Risk Register
Author:	Susannah Long, Governance & Risk Manager
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance & Corporate Services
Executive summary:	<p>The Board Assurance Framework (BAF) identifies risks to the agreed 2016/17 strategic objectives of the organisation that may happen, to allow the CCG to examine existing controls and assurances of those controls and to identify any gaps that need to be addressed. The CCG BAF is currently being updated for the new Financial Year and will be presented at the July meeting.</p> <p>The CCG high level risk register is a document identifying the top risks to the strategic objectives of the organisation. The Audit and Assurance Committee recommends ten risks on the high level risk register for consideration by the Governing Body.</p>
Evidence in support of arguments:	Items on the risk register and the BAF will also appear as papers on various committee agenda.
Who has been involved/contributed:	<p>The Executive Team of the CCG have been asked to contribute new risks to the risk register and ensure that progress against existing recorded risks is detailed.</p> <p>The Audit and Assurance Committee (AAC) has considered and discussed the Risk Register to ensure that this correctly reflect the risk profile of the CCG.</p>
Cross Reference to Strategic Objectives:	The BAF and Risk Register contribute to the governance arrangements of the CCG and support all Strategic Objectives.

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

NHS Wiltshire CCG
High Level Risk Register - Governing Body

Previous Position	Current Position	Risk Ref	Risk description including the effect of the risk	Existing controls	Original score			Actions required to mitigate risk	Due date	Progress against actions	Current score			Change in score	Status	Last Review Date	New Operational Lead	New Exec Lead	Overseeing Committee
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Position on Previous Gov Body Report	Position for this Gov Body report	A unique reference will be allocated	There is a risk that...	E.g. 1. Is there a policy or procedure in place? 2. Is there a training programme in place?			Actions should be SMART: 1. Specific 2. Measurable 3. Achievable 4. Realistic 5. Time-bound	When will all actions be complete?	What progress has been made against actions to date?				new ↑ Increase ↓ Decrease ↔ No Change	Please choose status from the list provided	When an 15+ risk is ongoing but accepted, when was it last reviewed?				
1	1	F - 14/010	Medium to long term financial position continues to be challenging which will put at risk the CCG's ability to deliver its statutory financial targets if the QIPP targets are not delivered and the out of hospital strategy is not delivered.	Financial Monitoring PMO methodology Robust contracting Financial and QIPP planning and service redesign Financial awareness across the membership of the CCG Ownership of the financial challenge across the health economy - message through the strategic forum	3	5	15	Robust performance framework throughout the organisation. Engagement across the whole of the health economy	Ongoing	Allocation to Wiltshire CCG for 2016/17 has resulted in more funding coming into the CCG which in turn has reduced the QIPP gap for 2016/17 from £28m to £12.8m. Significant proportion of 2016/17 QIPP is embedded into contract however acute based QIPP is the total responsibility of the CCG and therefore could become a risk if schemes do not deliver. Financial risk into future years will depend on demand and the pressure of delivering constitutional targets	2	5	10	↓	2 Action Required	06/05/16	All Directors	Debbie Fielding & Simon Truelove	Finance & Performance Committee
3	2	A - 14/025	The NHS Constitutional targets for admitted care and non admitted care within 18 weeks and the number of elective patients with an incomplete pathway over 18 weeks (Referral to Treatment - RTT) will not be met throughout 16/17. This presents a clinical, financial and performance risk to the CCG.	Monitoring arrangements. The CCG has created a RTT Assurance Group to ensure increased scrutiny of provider actions to mitigate RTT delivery risk. There has also been greater scrutiny of RTT assurance via contract performance meetings from June 2015 and this is reported collectively into the Wiltshire SRG. This includes updates on demand and capacity modelling and risk areas to ensure a proactive, whole system approach to demand management. The RTT assurance group discusses impact on revised national targets and agree next steps to ensure continued assurance of elective waiting times. Additionally individual internal meetings in providers are attended and supported by the CCG as well as relevant tripartite discussions where issues remain. The CCG is linked into the commissioning discussions with 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.	4	4	16	1. Remedial Action Plan in place with GWH. 2. Remedial Action Plan requested from RUH 3. Roll over admitted and non-admitted backlogs need to be quantified as part of 16/17 planning process 4. Clarity sought from SFT re spd referral process 5. Ongoing NBT correction of the categorisation of 52 week waiters against specialised commissioning rather than the CCG.	Ongoing - RTT incomplete to be delivered by all providers by Q2 16/17 following new planning guidance	1. Monthly steering board and fortnightly operational meetings continue to monitor progress 2. RAP not yet agreed with RUH - Commissioners requested to provide detail of QIPP schemes for 16/17 to size demand management element to enable trajectory to be adjusted. Tripartite meeting on 13/5/16 3. Requests for confirmation of backlog continue at pan-Wiltshire monthly RTT Assurance Group meetings. 5. NBT have started amending Unity returns in relation to 52 week waits.	4	4	16	↔	2 Action Required	11/05/2016	Lucy Baker	Mark Harris	RTT Assurance Group feeding into SRG
4	3	C - 14/038	Lack of appropriately skilled staff across the health and social care system due to difficulties in recruitment, national staff shortages, transformation of model of care and competitive local market. Will result in the system being unable to cope with demand for services and provide safe high quality care both now and in the future.	Each organisation monitoring key workforce gaps and taking remedial action eg overseas recruitment. System wide workforce capacity audit undertaken Feb 15. Patient outcomes in terms of quality and patient flow data collected and monitored by system, BCP dashboard. Health Education England workforce planning. Gap analysis; 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. Established a Wiltshire Institute of Health & Social Care.	4	4	16	6. Evaluation of Homefirst scheme taking place. 7. Workforce Action Group determining deliverables and milestones for each workstream. 8. Design programme of training and timetable for caring for people with dementia, rehabilitation - falls prevention, and health coaching. 9. Setting up Community Education Provider Network for coordinating workforce development in primary care.	6. 30/6/16 7. 30/6/16 8. 31/7/16 9. 31/7/16	Homefirst proof of concept started 16.11.15 in some parts of Salisbury which has workforce implications and is being evaluated during April/May. Successful bid to HESW for Primary Care Education Network submitted (£70,000 awarded). Steering Group being established. Wiltshire WAG looking at leadership development (common courses), shared coaching register, pan-Wiltshire staff training passport, care staff health task training, shared career fair resources and rotation and placements in different settings. Scoping a project looking at how the voluntary sector/communities can contribute differently and help with support for people in their localities; Training programmes in design stage with partners.	4	4	16	↔	2 Action Required	29/04/16	Jenny Hair	James Roach / David Noyes	EMT
Not on report	4	CJ-16/039	Wiltshire Health and Care, a joint venture between GWH, RUH and SFT, will be contracted to provide adult community services from 1 Jul 2016. As part of the mobilisation plan (on which the CCG receives regular assurance updates) relevant actions are scheduled for the establishment of WHC. The delivery model for WHC involves existing community services staff remaining with GWH (current provider of ACS). The estate and other assets associated with the delivery of community services will also remain with GWH. Elsewhere in the NHS there is evidence of joint ventures between providers becoming unviable which have manifested themselves as commissioning challenges for CCGs. WCCG is cognisant of the issues and there is a risk that should the WHC joint venture become unviable and fail, services to patients would be affected and the financial viability of GWH (the employer and landlord) would be significantly impacted. This would expose the CCG to substantial risk.	A robust procurement involving most members of the Governing Body was undertaken The Process included an assessment of the bidders financial ability to deliver within the cost envelope supported by information about the current contract An agreement binding the founding partners into the WHC joint venture exists WHC is establishing SLA (and similar agreements) for the provision of staff and services to WHC with its founding partners. These contributions are agreed at Board level. The NHS landscape is changing and the founding partners of WHC which are dependent on the services of WHC for patient flow, are engaged in the Sustainability Transformation Plan for the local health and care economy	2	5	10	WHC to provide the CCG with a copy of its members agreement Assessment of the agreement by the CCG and its advisors Executive engagement with WHC/its founding partners to strengthen the agreement and clarify liabilities. Inclusion in the ACS contract of any CCG requirements which limit the exposure of the CCG to risks associated with financial liabilities and/or non-delivery of services to patients Production of other legal agreement (if required) to limit the above risks	02/07/2016	NHSP and Virgin Care have been scoping alternative options for estates, with a meeting scheduled for 20/04/16 to discuss and agree next steps. NHSP in conversation with GWH to better understand their estates costs. WHC not share members agreement with CCG. They have been asked for another form of formal assurance.	3	5	15	↑	2 Action Required	12.04.16	Neal Goodwin	Ted Wilson	EMT

NHS Wiltshire CCG
High Level Risk Register - Governing Body

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Not on report	5	A - 14/043	Increased cancer 2 week referrals (15/16 versus 14/15) expected as a result of (1) 'Be clear on cancer' national campaigns; (2) local authority-sponsored monthly campaigns; and (3) NICE guidance issued in June 2015. (growth predicted at 9 - 24% dependent on tumour site). Two risks: (1) specialities unable to continue to achieve 2ww, 31 and 62 days cancer targets; (2) non-cancer waittimes pushed out and achievement of RTT further compromised, resulting in delays in treatment against national requirements. Associated risk of non-delivery of 2ww constitutional target for breast patients at RUH. There is a further risk that increased 2ww referrals will not lead to increasing cancer diagnosis in line with national cancer strategy.	KPI reports on performance Contract Performance Meetings to review achievement and trends alongside known operational issues and demand pressures. Where required remedial action plans put in place with relevant providers.	4	4	16	Performance against remedial action plans kept under review.	on going	Performance and performance against remedial against this monitored at monthly contract review meetings. Dedicated RAP requested for 2ww failure at RUH	4	4	16	↔	2 Action Required	06/05/2016	Luvy Baker	Mark Harris	Cancer Programme Board
Not on report	6	P - 15/023	Great Western Hospitals NHS Foundation Trust (GWH) performance is not meeting required levels. Non-achievement of 95% on 4 hour waits may lead to less timely treatment of patients. Monitor is directly involved given the GWH financial position and RTT.	Monthly System Resilience Group (Swindon and Wiltshire) examining strategic level actions; ECIST (nationally renowned expert organisation) has undertaken a review and made recommendations; ORCP funding targeted to manage patient flow through the hospital to assist A&E target delivery; Monthly contract performance review meeting; Involvement of Monitor.	4	3	12	Monitor implementation of remedial plan	31/03/2016	Remedial plan has been agreed through SRG and is being monitored. GWH contract remains unsigned with issues around CCNN 7, activity planning growth and SDIP improvements. Significant improvement in A&E performance in GWH and decrease in Ambulance Turnarounds. Performance for September deteriorated. Monitored through local SRGs and daily dashboard Performance across all three acutes challenged in December. Support and actions being managed via x 3 SRG's Working jointly with Swindon CCG to manage Remedial Action Plan for delivery of 4hr ED access target. RAP received and managed by Acute Care Contract leads; WCCG senior level reps at all working group structure reporting to Swindon SRG. RAP monitoring still being developed. Challenge with Wiltshire already attending scheduled meetings due to diary conflict.	4	3	12	↑	2 Action Required	06/05/2016	Patrick Mulcahy	Jo Cullen	SRGs
Not on report	6	P - 15/025	Royal United Hospital NHS Foundation Trust (RUH) performance is not meeting required levels. Non-achievement of 95% on 4 hour waits may lead to less timely treatment of patients.	Monthly System Resilience Group (Bath and North East Somerset and Wiltshire) examining strategic level actions; ECIST (nationally renowned expert organisation) has undertaken a review and made recommendations; ORCP funding targeted to manage patient flow through the hospital to assist A&E target delivery; Monthly contract performance review meeting; Involvement of Monitor.	4	3	12	Monitor implementation of remedial plan	31/03/2016	Remedial plan has been agreed through SRG and is being monitored. Latest dashboard shows performance still not meeting target of 95%, high levels of attendance and high ratio of attendance to admission. Performance monitored through local SRGs and daily dashboard. Performance across all three acutes challenged since December. Support and actions being managed via x 3 SRGs Working jointly with BaNES CCG to manage Remedial Action Plan for delivery of 4hr ED access target. RAP received and managed by Acute Care Contract leads; WCCG senior level reps at all working group structure reporting to BaNES SRG. RAP monitoring group now re-established following STF position, monthly monitoring RAP trajectory to be agreed w/c 9/5/16.	4	3	12	↔	2 Action Required	06/05/2016	Patrick Mulcahy	Jo Cullen	SRGs

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5	7	P - 13/022	Regular periods of escalation across the Wiltshire Urgent Care whole system threatens to destabilise the Health and Social Care system, leading to poor outcomes for patients. Ongoing work focussed on GWH and RUH systems supporting 4 hour recovery plans for Q1. All systems undertook the national "Breaking the Cycle" exercise and SAFER patient bundle flow, sharing learning and actions, and monitoring the projects funded through ORCP - managed through SRG initiative	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. Wiltshire System Resilience Group (providing assurance on system wide operational capacity and resilience) Continuing representation at BaNES (RUH) and Swindon (GWH) SRG. CCG operational resilience and capacity planning plan approved and in place. System wide escalation process in place. Analysis of data for trends, lessons and actions reporting back to WWYKD Exec. Investigation of outlier specialities (gastro, cardiology, neurology).	4	4	16			Routine monitoring remains in place. SRG Investment and Performance Dashboard developed NHSE issue of High Impact Intervention progressing. UECN (Severn and Wessex) in place has potential impact on SRG autonomy NHSE 111 floorwalker model improving ambulance disposition performance Provider escalation workshop undertaken NHSE winter sitrep reporting process in place Full provider resourcing plans received and shared Additional social care resources being targeted to Salisbury facing services Wiltshire system in one period of Red escalation between 10th to 11th Feb. NHSE notified using mandated escalation template. Situation being monitored. Wiltshire system remains challenged with supporting operational calls in place (2 weekly) as required.				↔	1 Risk Accepted	06/05/2016	Patrick Mulcahy	Jo Cullen	SRG
9		CJ - 13/036	There is a risk that patients are not being transferred from AWP wards to appropriate nursing home or other care in the community in a timely way. This is resulting in significant delayed transfers of care and a number of patients being placed out of area.	Weekly DTCC teleconferences. Paper to Clinical Executive on 11 March 2014.	4	5	20		Various	As at 18/08/2015 there were 5 DTCCs although there is potential for this number to increase again if sufficient care home / alternatives / cross borders issues are not in place. A review of DTCC activity from December 14 - March 2015 shows that the number of DTCCs has declined as a result of all parenter working together and improving processes. An action plan has been agreed between the CCG, Wiltshire Council and AWP have developed business cases for the expansion of the Care Home Liaison services that was approved by the JCB and funding agreed by the governing body on the 21st July 2015 together with funding for and specialist beds in the OSJ home in Devizes in the first instance. A needs analysis has been completed to confirm current and future demand for specialist dementia care including in-patient care. S117 process and decision making tool agreed in April 2014. Meeting with LA scheduled to ensure that all S117 panels are in place and cases are being referred in line with guidance.	3	5	16	↔	2 Action Required	10/03/2016	Meuthia Endrjono-Ellis	Ted Wilson	EMT
Not on report	8	Q - 13/019	The risk is that AWP are not consistently providing completing RCA for SIRI in line with NPSA guidance and that this may be masking areas of poor performance.	Local and contract wide monthly quality and performance meetings, SIRI reporting and monitoring, monthly meetings with AWP's Wiltshire management team. Regional meeting October 2013 with AWP agreed plan of sharing 72 hour reports, executive summary and action plan for each SIRI. Local SIRI review meeting in Wiltshire to commence in November 2013 with the local Clinical Director. Reviewed through CORM process.	4	3	12			Letter has been sent from all local commissioners requesting immediate action on all open SIRI. April 2014 - a further information sharing meeting will be co-ordinated by the BNSSG AT as the trust position is deteriorating once again. In Aug 14 there is a deteriorating position. Chief Officer has written to AWP Chief Executive. 21/10/14 AWP now using the NPSA template and no longer aggregating slips trips and falls into one RCA. Internal to AWP there is now a central review of RCA's and peer review through SWCSU. Management of Serious Incidents identified as key warning notice from COC inspection. 17/2/15 First SWCSU Panel meeting recognised poor quality of RCA reports and required improvement. May 15 Watching progress with SIRI reporting. October 2015- Contract query notice raised by Lead Commissioner regarding quality of reporting which included SIRI reporting. Trust engaging with COG Quality staff to review the required reporting in terms of standards, timeliness and accuracy in early November with aim to agree the standard of reporting required. 26/2/16: Commissioner/Provider workshop held to determine process to improve compliance with 72 hour reports and SI reports. AWP proposal to all 6 commissioners awaited. 28/4/16: Followed up with AWP, however, no output information from SI workshop has been provided. Contractual notice still in place.	3	3	9	↔	1 Risk Accepted	28/04/2016	Sophia Swetten / Emily Shepherd	Dina McAlpine	O&CG

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Not on report	9	Q - 15/031	The COC inspection of GWH has issued a Warning Notice regarding relevant staffing and safe care and treatment of patients in A&E. GWH have also recorded 47 12 hour trolley breaches between Feb' 16 and Mar 16. These issues reflect sub-optimal care of patients which could lead to patient harm.	Quality summit. Three work programmes set up and confirmed with commissioning colleagues inc. MH pathway, inflow into A&E and quality improvement. GWH response action plans. Recruiting 70 staff from overseas. Single item quality review group.	3	4	12	Single item quality service group Monitor for impact of findings (4 hour target, SI, Complaints/PALS, FFT)	6/5/16 30/4/16	Agreement for a quality improvement programme across STP as themes mirrored in other acute partners. SI has been logged for 12 hour trolley breaches with associated RCA.	3	4	12	↔	2 Action Required	28/04/2016	Sophia Swatton	Dina McAlpine	O&CG
Not on report	10	C - 16/046	There is a risk that the CCG will not deliver all its planned QIPP for 16/17, targets which will have an adverse impact on the CCGs financial position, its reputation, and its ability to operate without close support from NHS England.	PMO Integrated Performance Report Monthly Finance & Performance meet and monthly Group meeting.	3	5	15	Workforce objective setting in accordance with agreed timetable Directors to complete detailed milestone plan	24/06/15 6/5/16	Directors working on milestone plan	3	5	15	new	2 Action Required	29/04/2016	David Noyes	Debbie Fielding	EMT