

**Governing Body Paper Summary Sheet**  
**Date of Meeting: 28 May 2013**

For: Decision  Discussion  Noting

<b>Agenda item and title:</b>	<b>GOV/13/05/11 Risk Register and Board Assurance Framework</b>
<b>Author:</b>	Susannah Long, Governance & Risk Manager
<b>Lead Director/GP from CCG:</b>	David Noyes, Director of Planning, Performance & Corporate Services
<b>Executive summary:</b>	<p>The CCG high level risk register is a document identifying the 'Top 10' risks to the strategic objectives of the organisation.</p> <p>The Board Assurance Framework (BAF) identifies risks to the strategic objectives of the organisation that may happen, to allow the CCG to examine existing controls and assurances of those controls and to identify any gaps that need to be addressed.</p> <p>The Governing Body is asked to consider the current 'Top 10' risks and the BAF, seeking further assurance from Directors as required.</p>
<b>Evidence in support of arguments:</b>	Items on the risk register and the BAF will also appear as papers on various committee agenda.
<b>Who has been involved/contributed:</b>	<p>The Executive Team of the CCG have been asked to contribute new risks to the risk register and re-write/adopt risks brought in from the PCT or the Transition Risk Register. The Executive Team have also contributed to the BAF.</p> <p>The Audit and Assurance Committee (AAC) has considered and discussed both the BAF and Risk Register to ensure that these correctly reflect the risk profile of the CCG.</p>
<b>Communications Issues:</b>	The Risk Register and BAF should be treated as a public document and will be available for release under the FOI Act.
<b>Financial Implications:</b>	None

<b>Review arrangements:</b>	AAC will receive the updated risk register and BAF at each meeting.
<b>Risk Management:</b>	The risk register and BAF are communication and analysis tools that contribute to CCG risk management.
<b>National Policy / Legislation:</b>	The CCG is required to have a risk register and BAF in place.
<b>Next Steps:</b>	The risk register and BAF will be refined and reviewed as a live document.

# NHS Wiltshire CCG High Level Risk Register May 2013

Risk Ref	Source of risk	Date of Entry to Risk Register	Date raised	Risk description including the effect of the risk	Which organisational objective is threatened by this risk	Existing controls	Original score			Actions required to mitigate risk	Due date	Progress against actions	Current score			Change in score	Status	Date of Last Review	Operational Lead	Exec Lead
							Likelihood	Consequence	Score				Likelihood	Consequence	Score					
<i>A unique reference will be allocated</i>	<i>From what source was the risk identified, e.g. risk assessment, incident reports, complaints, claims</i>	<i>On what date was the risk added?</i>	<i>On what date was the risk first raised?</i>	<i>There is a risk that...</i>	<i>Please choose a strategic objective from the list provided.</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>		
W - 13/003	11/015 PCT - New	08/11/12	01/04/12	Failure to successfully launch NHS 111 contract. Soft launch 19 February with variation to OOH contract. Failure to implement effectively could impact adversely on ambulance service through increased dispatch/high non conveyances; acute A&E departments and MIU, in hours GP practices, and impacting on out of hours care; clinical risk of patients not being able to access the service in a timely way; reputational damage for CCG and NHS in Wiltshire. Potential for significant cost growth should the current provider require greatly enhanced staffing model, or an alternative service delivery mechanism is required.	F: Enhanced Quality and Safety of Services.	Contract signed with Harmoni in July 2012; provisions for soft launch, and delayed full services commencement and performance management. Delayed public launch / full services commencement date until acceptable / contracted levels of performance. Contingency plans in place with OOH to mitigate clinical risk. CCG has recruited to post of Associate Director of Commissioning (wef 1 April 2013) to increase resilience.	4	5	20	Board Paper developed; legal advice taken and QC opinion sought. Options paper taken to Governing Body and Extraordinary Joint Board with BaNES. Contingency plans in place with OOH. Communications plan in place. Plans submitted to AT to send to NHSE around assurances for full launch by June 2013.	01/04/13	PCT Board discussion 13 March 2013. Governing Body 23.4.13 and Joint Board 24.4.13	5	5	25	↑	2 Action Required	18/04/13	Jo Cullen	Mike Relph
F - 13/006	Operational	18/04/13	18/04/13	Approval of the CCG request for a capital grant for community equipment purchased by the LA on behalf of the CCG. Value equates to £4.5m. If capital grant is not accepted by the NHS England then the CCG will have to commit revenue resources from the headroom to fund this grant	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Allocations and financial baseline.	4	5	20	Continuous pressure on the AT to agree the Capital Grant. Awareness of the potential use of the headroom to fund the gap if the decision goes against the CCG	31/05/13		4	5	20	new	2 Action Required	18/04/13	Steve Perkins	Simon Truelove
W - 13/014	CQC inspection	16/04/13	16/04/13	there is a risk the requirements of the CQC are not fulfilled if a solution for section 136 provision is not identified for under 16s.	B: Right services, right place, right time.	JC undertook to look into alternative provision / how to provide a place of safety for under 16s.	5	4	20	TBC by Julia Cramp (Julia is a joint appointee with WCC)	TBC	TBC by Julia Cramp	5	4	20	new	2 Action Required	18/04/13	Julia Cramp	Jacqui Chidgey-Clark
W - 13/021	Quality and Performance Reports	30/04/13	30/04/13	Delay to RUH Foundation Trust application following recent concerns (adverse CQC inspection; routine escalation to Red/Black status; high bed occupancy; DTOC) surrounding performance and the quality of the services provided.	B: Right services, right place, right time.	1. Routine performance management arrangements. 2. Daily reports on RUH performance. 3. Urgent Care Network. 4. Quality and Safeguarding Reporting.	4	5	20	1. Wilts/BANES CCG Urgent Care Task and Finish Group (UCTFG). 2. RUH CQC Report Action Plan. 3. RUH 12-hour Trolley Breach Action Plan. 4. Wiltshire Discharge Project. 5. Wiltshire Urgent Care Network established. 6. Emergency Care Intensive Support Team Review (ECIST).	Ongoing	1. UCTFG established - meets fortnightly. 2. RUH CQC Action Plan complete. 3. RUH 12-hour Trolley Breach Action Plan awaited. 4. Wiltshire Discharge Project established; joint meeting with all partners planned for 24 May 2013. 5. Wiltshire Urgent Care Networks meets on 23 May 2013. 6. ECIST recommendations being implemented.	4	5	20	new	2 Action Required	30/04/13	Jo Cullen	Mike Relph
C - 13/004	Operational	16/04/13	16/04/13	The CCG has agreed a challenging operational plan for 13/14 and has invested resource to develop a PMO to support the delivery of the operational plan. There is a risk that the CCG staff will not respond positively to the implementation of a PMO and the associated discipline which in turn will affect the delivery of the organisation's business objectives.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Directors are in post for each Group/Directorate responsible for the delivery of the objectives in the operating plan. Goup staff as project managers report to Directors. Templates for use by project managers have been cascaded by PMO. Governance arrangements have been defined for programme management. PGG meets monthly with Terms of Reference defined. PMO launch event 17/04/13.	4	4	16	PMO will provide on-going support to Project managers to embed the new ways of delivering projects; PGG will begin to meet monthly from May 2013 and will sign off project plans for delivery; PMO will provide positive messages about the project delivery using the new methodology.	31/07/13		4	4	16	new	2 Action Required	16/04/13	Rob Hayday	David Noyes
N - 13/003	11/013 PCT - Transferred	08/11/12	01/10/11	Delayed Transfer of Care (DTOC) have combined to potentially destabilise the Health and Social Care system. Reduced bed capacity in acute and community providers, causing heightened escalation in acute hospitals, poor outcomes for patients and disrupted patient journeys.	B: Right services, right place, right time.	1. Weekly briefing on whole system status for DTOCs. 2. Winter and Escalation Plans. 4. Routine performance management arrangements.	4	5	20	1. CCG focus on Community Transformation. 2. Use of commissioning intentions to support improved care planning and discharge arrangements. 3. CCG investment plan. 4. STARR Scheme (Step To Active Recovery and Return) and expansion of this scheme. 5. Review of hospital social work teams. 6. Investment in community in reach. 7. Review of communications structure.	Ongoing	1. Community Transformation Programme underway. 2. Closer working with Wiltshire Council, other CCGs and providers. 3. Urgent Care Network initiatives (see Urgent Care actions).	4	4	16	↓	2 Action Required	30/04/13	Jo Cullen plus 3 Group leads	Mike Relph
W - 13/022	Quality and Performance Reports	30/04/13	30/04/13	Frequent escalation across the Wiltshire Urgent Care Network threatens to destabilise the Health and Social Care system, leading to poor outcomes for patients.	B: Right services, right place, right time.	1. Routine performance management arrangements. 2. Daily and weekly reports on acute performance. 3. Group Urgent Care Networks. 4. Quality and Safeguarding Reporting. 5. Strategic conference calls as required. 6. Winter and Escalation Plans.	4	4	16	1. Community Transformation Programme. 2. Pan-Wiltshire Urgent Care Network established. 3. Group activity with paired acute hospitals.	Ongoing	1. Wiltshire Urgent Care Networks meets on 23 May 2013. 2. Group Urgent Care activity.	4	4	16	new	2 Action Required	30/04/13	Jo Cullen plus 3 Group leads	Mike Relph
F - 13/004	Operational	13/03/13	13/03/13	Following split of resources between CCG, NCB and Public Health there is evidence that cost neutrality across the new organisations will not be delivered. There is a risk of resource being removed from the CCGs to fund NCB cost pressures which will impact on financial position of CCG.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Allocations and financial baseline.	4	5	20	Negotiation with the Area Team on Military Health activities still occurring. AT to provide draft paper on baseline proposals. Reliance on providers to code all MOD activity so that the CCG does not get charged as well as losing the income.	30/04/13	AT yet to provide draft paper on military activities. Proposal to remove CCG unregistered population allocation has now been confirmed. This will be a call on the 2% head room	3	5	15	↓	2 Action Required	18/04/13	Steve Perkins	Simon Truelove
W - 13/010	MH FIG / PbR meeting	16/04/13	16/04/13	There is a risk that MH acute provision becomes unaffordable when commissioning moves from a block contract to MH PbR.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Wiltshire CCG are attending the MH FIG and working to ensure minimal impact on commissioning	3	5	15	Continue to work with AWP and other commissioners to minimise the impact of MH PbR on mental health commissioning in Wiltshire	on going	as actions	3	5	15	new	2 Action Required	18/04/13	Victoria Hamilton	Mike Relph
C - 13/003	Operational	22/02/13	22/02/13	The CCG has contracted with Central Southern CSU and is dependent on the support that the CSU will provide. The CSU is also a fledgling organisation and has gaps in capacity/process that will affect the operation of the CSU.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	The CSU is engaged in the 13/14 contracting round The CSU executive are meeting with the CCG AO on a weekly basis The CSU have allocated a customer representative manager to hasten the process of CSU development Monthly contract meetings have been arranged	3	4	12	Identification of CCG leads for each service area Identification of CSU leads to work with CCG leads Development of operational procedures including Scheme of escalation and delegation	30/04/13	Scheme of Escalation and Delegation drafted Second contract meeting with CSU took place 21.3.13. CSU implementation plan requested from CSU account Manager. Director responsible for CSU contract now in post in CCG. Implementation plan chased from CSU by Director. Meeting between CCG Execs planned to progress working arrangements with CSU.	3	4	12	new	2 Action Required	16/04/2013	Rob Hayday	David Noyes

# NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan May 2013

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
<b>A. To drive towards a clinically led model which delivers integrated delivery of patient services within the community based upon neighbourhood teams to provide 'wrap around' care.</b>											
A.01	Achieving consistent, system wide consensus on the strategic objectives of Community Transformation	Governing body reports; Programme Steering Group; Nature of the Programme Director's contract (three-way between Wiltshire CCG, Wiltshire Council, Great Western Hospital)	Minutes of the Programme Steering Group.	Community Transformation Joint Commissioning Strategy for sign-off by Governing Body.	None	21/05/2013	Debbie Fielding	Draft strategy will be ready for CCG consideration by October; Partnership agreement needs to be considered; Investigation of potential external support (Systems Leadership initiative).	Oct'13	Amber	
<b>B. Commission appropriate services to meet the needs of the local population and national priorities, delivered in the right place and accessible at the right times identifying and addressing health inequalities.</b>											
B.01	Key partner/contractors/providers may be unable to provide commissioned services.	Contracts; Contract performance arrangements; Contract Managers; Integrated Performance Report	Governing Body received Integrated Performance Report on 23 April 2013; Some contracts signed.	Some contracts outstanding for signature.	None	14/05/2013	David Noyes / Group Directors	Complete contract signoff	May'13	Green	
B.02	Failure in performance of acute, mental health and community health contracts leading to harm to patients, inappropriate use of other health professionals time and resources and adverse publicity.	Contracts; Contract performance arrangements; Contract Managers; Integrated Performance Report; CQC Registration; Communications Team	SFT/GWH/RUH/AWP Contract Performance meetings April 13; Some contracts signed.	Some contracts outstanding for signature.	None	14/05/2013	David Noyes / Group Directors	Complete contract signoff	May'13	Amber	
<b>C. Engage effectively with the local population to enable patients and practices to have greater influence on services that we commission.</b>											
C.01	Failure to fully engage with communities to influence service development	Communication and Engagement Strategy approved by CCC in July 12; Stakeholder events run by GPs; Equality & Diversity Policy; Lay Member role; Website; Governing Body meeting held in public.	Patient Engagement meeting Mon 29/4/13 (DN and Lay Member).	None	None	14/05/2013	David Noyes	Review Communications and Engagement Strategy.	Jun'13	Amber	
<b>D. Achieve a sustainable health economy optimising appropriate use of resources for the delivery of efficient and effective healthcare.</b>											
D.01	The CCG is unable to deliver QIPP targets	Regular monitoring of QIPP delivery at Governing Body by means of Integrated Performance Report.	Integrated Performance Report presented to 22 April 2013 Governing Body showing acceptable progress.	None	None	14/05/2013	Simon Truelove / Group Directors			Amber	
D.02	CCG unable to meet the financial targets	Financial Strategy; Clear and Credible Plan; Financial management systems; Finance Committee; Audit Committee; Integrated Performance Management Report; Internal Audit; External Audit; Organisational QIPP Plan; Signed contracts for commissioned	Integrated Performance Management Report presented to Governing Body 23/4/13.	Sign off of all contracts	Acute providers potential over activity.	14/05/2013	Simon Truelove			Green	
<b>E. Develop an effective and responsive clinically led commissioning organisation, working collaboratively with partner organisations to develop seamless care pathways.</b>											
E.01	Failure of partner organisations in commissioning of services on behalf of CCG in regard to financial expenditure and patient safety.	Signed s75 agreements Signed Memorandum of Understanding		CCG contract manager for s75/MoU; Quality and outcome reports for commissioned services;	External scrutiny of commissioned services.	14/05/2013	Simon Truelove			Red	
<b>F. Enhance quality and safety of services by ensuring effective mechanisms are in place to set quality standards, assess performance, address concerns and drive continuous improvement.</b>											
	None					14/05/2013					
<b>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.</b>											
	None					14/05/2013					