

**Governing Body Paper Summary Sheet**  
**Date of Meeting: 23 July 2013**

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/13/07/14 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 ensure that progress against existing recorded risks is detailed. The Executive Team have also contributed to the BAF.</p> <p>The Audit and Assurance Committee (AAC) has considered and discussed both the BAF and Risk Register to ensure that these correctly reflect the risk profile of the CCG.</p>
<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 Clinical Commissioning Group - Board Assurance Framework & Action Plan July 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	18/06/2013	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 25 June 2013; Contracts signed.	None	None	18/06/2013	David Noyes / Group Directors			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; Contracts signed.	SUS data not reflecting CCG Commissioning.	None	18/06/2013	David Noyes / Group Directors	National issue. Providers required to split data from quarter 2.		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 Strategy; Lay Member role; Website; Governing Body meeting held in public.	Patient Engagement meeting Mon 29/4/13 (DN and Lay Member).	None	None	18/06/2013	David Noyes	Review Communications and Engagement Strategy.	Sep'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 on all 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.	Integrated Performance Report to include section on QIPP programme performance.	None	18/06/2013	Simon Truelove / Group Directors	CSU to provide QIPP information for incorporation in Integrated Performance Report for July 13.	Jul'13	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 25 June 2013.	SUS data not reflecting CCG Commissioning.	Acute providers potential over activity.	18/06/2013	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.	18/06/2013	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>											
	Range of risks associated with business continuity across local community and including the CCG as a separate organisation.	Participation in Local Health Resilience Partnership at executive and working group level; Contributing through LHRP to risk management through LHR Forum.	LHRP workplan and meetings.	Business continuity plan for CCG (template under development by LHRP)	None	27/06/2013	David Noyes	Business Continuity Plan for CCG to be produced.	Oct'13	Amber	
<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					18/06/2013					

NHS Wiltshire CCG  
High Level Risk Register July 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	Last Review Date	Operational Lead	Exec Lead
							Likelihood	Consequence	Score				Likelihood	Consequence	Score					
A unique reference will be allocated	From what source was the risk identified, e.g. risk assessment, incident reports, complaints, claims	On what date was the risk added?	On what date was the risk first raised?	There is a risk that...	Please choose a strategic objective from the list provided.	E.g. 1. Is there a policy or procedure in place? 2. Is there a training programme in place?	Score between 1-5	Score between 1-5	Score between 1-5	Actions should be SMART: 1. Specific 2. Measurable 3. Achievable 4. Realistic 5. Time-bound	When will all actions be complete?	What progress has been made against actions to date?	Score between 1-5	Score between 1-5	Score between 1-5	new ↑ Increase ↓ Decrease ↔ No Change	Please choose status from the list provided	Where an 15+ risk is ongoing but accepted, when was it last reviewed?		
C - 13/016	Operational	23/05/13	20/05/13	The CCG has agreed that it will make recurrent QIPP improvements and savings of £11.8m recurrently (£9.3m in 13/14). There is a risk that the CCG will not deliver all its planned QIPP 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	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	The CCG has agreed an operational plan which describes work required or being delivered to achieve QIPP. QIPP forecasts have been made based on activity data broken down by providers with delivery phased to occur from Q2 13/14. PMO has been launched with templates for use for projects and project managers are receiving support. Terms of Reference for the Programme Governance Group have been approved by the responsible Director. Groups workplans are in development. the matrix of responsibilities describing Executive portfolios has been developed. Areas of QIPP programme which are unlikely to deliver planned savings. This will impact on performance of the QIPP programme.	4	5	20	The operational plan needs to be refreshed in association with the group plans using the agreed template which must identify the QIPP to be delivered by each Group. Analysis of QIPP shortfall and agreement on remedial action. Prioritisation of projects is required and cessation of any unnecessary work detracting from QIPP delivery. Identification of leads for all projects, including overall leads for any pan-Wiltshire projects. Provision of clarity required by leads to project managers on the outcomes required for each project. Production of PMO workbooks for prioritised projects with ownership by the project managers. Commencement of PGG meetings in June to steer process.	30/06/13	Executive Team reviewed 17 June 2013 and agreed target figures. A template has been circulated to Group Directors to assist with the refresh of the operating plan. This requires quantification of QIPP savings by project. Group Directors will produce refreshed data by 28 June 2013.	4	5	20	new	2 Action Required	24/06/13	David Noyes	Debbie Fielding
C - 13/021	Operational	24/06/13	24/06/13	Whilst conceptually all partners/stakeholders agree the thrust of the Community Transformation Project, due to the complexity and multiplicity of issues involved, moving forward to delivery is challenging. The change of Project Manager may contribute to this.	B: Right services, right place, right time.	Community Transformation Steering Group; Joint Commissioning agreement; Joint Health & Wellbeing Board.	4	5	20	Project Plan Milestones; Community Transformation Specification.	31/07/13	CCG, Wiltshire Council and GWH Senior Leadership meeting 18 July 13.	4	5	20	new	2 Action Required	25/06/13	Ted Wilson	Debbie Fielding
W - 13/014	CQC inspection	16/04/13	16/04/13	There is a risk that requirements of the CQC are not fulfilled if a solution for section 136 provision is not identified for under 16s. This means that adolescents detained under Section 136 of the Mental Health Act would stay in police custody whilst waiting for a Mental Health Act assessment.	B: Right services, right place, right time.	136 suite currently available for young people over 16 years old. AWP has agreed, in principle, to open Salisbury 136 suite for under 16 year olds.	5	4	20	Protocol between the key organisations to allow for safe use of the 136 suite for under 16s.	31/08/13	Work being undertaken to bring forward the expected date of 1/9/13 to provide earlier provision.	5	4	20	↔	2 Action Required	26/06/2013	Julia Cramp	Jacqui Chidgey-Clark
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. CCG leads for each service area. CSU leads to work with CCG leads.	3	4	12	Development of operational procedures including Scheme of escalation and delegation. Performance Report to July 2013 AAC	31/07/13	Some 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. 23.5.13 Update. DN has met with CSU account manager as part of contract monitoring arrangements. Requested delivery of briefing session on CSU operation for CCG staff to clarify working arrangements. HR team have delivered familiarisation session on ConsultHR portal. Corporate Services products being developed by CSU as a result of director level meeting. 25.6.13. Despite frequent high level engagement, CSU performance is falling short in service areas necessitating remedial action. Follow up contract meeting held 20.6.13 with performance report arrangements.	4	4	16	↑	2 Action Required	24/06/13	Rob Hayday	David Noyes
Q - 13/001	12/003 PCT - Closes	08/11/12	01/10/12	Large number of retrospective claims received for CHC funding, potential financial consequences impacting on financial resources of CCG.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Provisions created in PCT 2011/12 and 2012/13 Annual Accounts for potential retrospective claims. Cut off dates of 30/09/12 and 31/03/13. Additional staffing resources brought in to handle retrospective claims.	4	4	16	Review of submitted retrospective claims identifying those patients that are alive, deceased and previously considered. Investigation of claims; Decision on eligibility. Legal advice sought for independent review decisions.	Ongoing	Submission deadlines have passed. Consolidating and analysing submitted claims. There have been a large number of submitted claims but a number of claims have now been removed. 3 recent cases made eligible at Independent Review Panel, query implications for conversion rate of retros.	4	4	16	↑	2 Action Required	26/04/2013	Dina Lewis	Jacqui Chidgey-Clark / Simon Truelove
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 7. Wiltshire Urgent Care Network (Meeting 14/7/13).	4	4	16	1. Community Transformation Programme. 2. Group activity with paired acute hospitals. 3. Wilts winter escalation plan due by 30/9/13.	Ongoing	1. Wiltshire Urgent Care Network established; 2. Group Urgent Care activity; 3. Urgent Care Board Workshop on 4 July 2013.	4	4	16	↔	2 Action Required	24/06/2013	Jo Cullen plus 3 Group leads	Mike Reiph
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. 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.	4	5	20	Plans submitted to AT to send to NHSE around assurances for full launch by June 2013. Rectification plan phase 2 - July 2013.	ongoing	PCT Board discussion 13.3.13. Rectification task force established April 13. Governing Body 23.4.13 and Joint Board 24.4.13. Joint Board with BaNES 19.6.13 discussed and agreed options going forward. Performance, whilst not yet at contracted levels, is showing steady and sustained improvement.	4	4	16	↓	2 Action Required	25/06/2013	Jo Cullen	Mike Reiph

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<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>		
C - 13/001	Transition Risk 15 - rewritten 1/5/13 to reflect the CCG position	08/11/12	08/11/12	Wiltshire CCG (and previously PCT) has some joint commissioning arrangements with Wiltshire Council and money transfers to the Council as a result. There will be a requirement for these arrangements to continue in order that commissioning responsibilities are fulfilled. Previously there has been an absence of clarity on the arrangements for joint commissioning to take place and as part of PCT closedown work was started to produce a Joint Business Agreement (JBA) as an umbrella document describing governance arrangements, beneath which are individual schedules for services with financial values. Without the clarity that the JBA gives the CCG is faced with risks associated with finance, governance and ineffective inter-organisational operation which deliver below par services for patients.	E: Responsive and clinically led collaborative organisation.	A draft Joint Business Agreement (JBA) has been produced and has been reviewed by Beechrofts solicitors and this requires agreement from all parties. Recommendations that effective governance arrangements were implemented were made. Draft schedules have been produced. The CCG leadership team have been involved with Wiltshire Council Colleagues in workshops to develop the Joint Commissioning Board. 2.3. The JCB will provide collective governance in relation to the commissioning of health and social care for adults in Wiltshire and to be accountable to the Health and Wellbeing Board for the delivery of joint commissioning arrangements and will oversee the management of joint investments and initiatives. Executive groups will sit beneath the JCB and run the day to day business of each of 3 priority areas for joint commissioning: learning disabilities; mental health; community transformation programme	3	4	12	The JBA needs to be reviewed, finalised and signed off by the Governing Body and Wiltshire Council. The list of schedules describing the services and financial values require review and adjustment for accuracy and completeness. Each needs to be allocated a lead in the CCG. Begin schedule of meetings of JCB with correct membership and start to enact business against agreed TORs. Define Executive groups and ensure that leads are clear on outputs required. Clarify arrangements for financial transfers to Wiltshire Council and finance teams are connected to Executive Groups for priority areas.	30/06/13	At joint meeting between CCG and Wiltshire Council we have agreed principles of JBA, detailed work now in progress to refine. Inaugural JCB on 11 July.	4	4	16	↑	2 Action Required	24/06/13		David Noyes
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.	30/06/13	Capital Grants provision agreed. Surrounding CCGs have not received their desired outcomes and therefore there is a review of the grants for a fairer distribution depending on known commitments.	4	4	16	↓	2 Action Required	19/06/13	Steve Perkins	Simon Truelove
N - 13/003	11/013 PCT - Transferred	08/11/12	01/10/11	Delayed Transfer of Care (DTCO) 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 DTCOs. 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	18/06/13	Jo Cullen plus 3 Group leads	Mike Reiph