

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 26 November 2013

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/13/11/15 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 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 CCG high level risk register is a document identifying the 'Top 10' risks to the strategic objectives of the organisation.</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. 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>
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 a public document 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 BAF & 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 BAF and 'Top 10' risks, seeking further assurance from Directors as required.

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan November 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
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.											
A.01	Achieving consistent, system wide consensus on the strategic objectives of Community Transformation	Governing body reports; Programme Steering Group.	Minutes of the Programme Steering Group; Successful bid for 'Systems Leadership' Initiative.	Community Transformation Joint Commissioning Strategy for sign-off by Governing Body.	None	28/10/2013	Debbie Fielding	Strategy to be drafted for CCG consideration; Partnership agreement needs to be considered;	Dec-13	Amber	
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.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 24 September 2013 in public and the following month's report by email circulation November 2013; Contracts signed.	None	None	28/10/2013	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; S251 data sharing agreement extended to Oct'15 for CCGs; Communications Team.	SFT/GWH/RUH/AWP Contract Performance meetings; Contracts signed.	SUS data not reflecting CCG Commissioning for all providers	None	28/10/2013	David Noyes / Group Directors	National issue. Providers required to split data from quarter 2. Split has now been actioned in some cases.		Amber	
C. Engage effectively with the local population to enable patients and practices to have greater influence on services that we commission.											
C.01	Failure to fully engage with communities to influence service development	Communication and Engagement Strategy reviewed and approved at July 2013 Governing Body; Stakeholder events run by GPs; Equality & Diversity Strategy; Lay Member role; Website; Stakeholder Assembly November 2013; Governing Body meetings held in public.	Locality Stakeholder days: 16/7/13 NEW 17/7/13 WWYKD 18/7/13 Sarum Comms and engagement considered as part of Executive Summary in Integrated Performance Report.	None	None	28/10/2013	David Noyes	Governing Body meetings in Public to be held at various locations around Wiltshire wef November 2013.	Nov-13	Amber	
D. Achieve a sustainable health economy optimising appropriate use of resources for the delivery of efficient and effective healthcare.											
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 Reports presented to September 2013 Governing Body, and circulated in November 2013, showing progress; Additional schemes agreed at Programme Governance Group in September 2013.	None	None	28/10/2013	Simon Truelove / Group Directors	Assess performance of existing and new QIPP plans.	Dec-13	Amber	
D.02	CCG unable to meet the financial targets	Financial Strategy; Clear and Credible Plan; Financial management systems; Finance Committee; Audit & Assurance Committee; Integrated Performance Management Report; Internal Audit; External Audit; Organisational QIPP Plan; Signed contracts for commissioned services.	Governing Body received Integrated Performance Report on 24 September 2013 in public and the following month's report by email circulation November 2013.	SUS data has improved with CCG Commissioning not being reflected in fewer places; Agreement of baseline funding with NHSE on a number of minor issues outstanding. Confirmation of actual capital grant funding value still outstanding.	Acute providers overactivity - cost of activity higher in 2013/14 compared to the 2013/14 plan.	28/10/2013	Simon Truelove	New actions to be identified to reduce referrals and admissions to acute hospitals.	Dec-13	Green	
D.03	Influx of British Nationals from abroad following an outbreak of an infectious disease	Routine surveillance conducted by HPA; World Health Organisation international alerting arrangements; World Health Organisation outbreak response framework; LRF plans; NHS Provider major incident plans; Risk identified on Community Risk Register (CRR).	Review and testing arrangements within LRF.	None	None	28/10/2013	David Noyes			Green	New
E. Develop an effective and responsive clinically led commissioning organisation, working collaboratively with partner organisations to develop seamless care pathways.											
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 Service Specifications Monthly performance meetings between CCG Lead and Wiltshire Council Lead Joint Business Agreement agreed by JCB 24 October 2013.	Set up of the JCB and reviewing.	CCG contract manager for s75/MoU; Quality and outcome reports for commissioned services;	External scrutiny of commissioned services; Resources are not spent on s75 requirements.	28/10/2013	Simon Truelove	Performance management of the s75 via the JCB ensuring specifications are delivered. JBA to be presented for approval to Wiltshire CCG Governing Body November 2013.	Nov-13	Amber	

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

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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.											
F.01	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	28/10/2013	David Noyes	Business Continuity Plan for CCG to be produced.	Dec-13	Amber	
F.02	Severe weather causing disruption to services through staffing and resources, patient accessibility issues and/or increased health risk to population.	Met Office National Severe Weather warning service; Wiltshire Severe Weather Protocol; Wiltshire Council response service; NHS Provider business continuity plans; NHS winter plans; NHS heatwave plan; LRF joint plans; On Community Risk Register (CRR).	LHRP workplan and meetings.	Business continuity plan for CCG (template under development by LHRP); CCG Winter Plan (under development).	None	28/10/2013	David Noyes	Business Continuity Plan for CCG to be produced. CCG Winter Plan to be finalised.	Dec-13 Nov-13	Amber	New
F.03	There is no defined tariff for the pricing of 'specials'. There is a financial impact to the CCG through the prescribing budget but control mechanisms are owned by NHS England.	Medicines Management Team expenditure monitoring; NHS England control mechanisms.	Medicines Management Team identification of 'specials' issue.	CCG unable to disaggregate information to fully investigate.	NHS England response to 'specials' issue.	12/11/2013	Simon Truelove	Medicine Management Team Data Analysis; Continued liaison with NHS England.	Dec-13	Amber	New
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.											
	None					28/10/2013					

NHS Wiltshire CCG
Risk Register

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					
<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 - 13/016	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 and meetings commenced in June 13. Groups workplans are in development. The matrix of responsibilities describing Executive portfolios has been reviewed and updated.	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.	30/11/13	The operational plan will not be refreshed but instead through the work of Attain the priorities for delivery for 14/15 will be defined. The paper to define a project for attention by the PMO that will be agreed at PGG in November will prompt a review of the projects that are included on the PMO register. This will assist with prioritisation. QIPP trap to be closed by Medicines Management, AQP and LD as stated in IPR in September. Group Directors to assess continued confidence levels in delivery of QIPP as part of PGG in November.	4	5	20	↔	2 Action Required	24/10/13	David Noyes	Debbie Fielding
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. UCB renamed as Urgent Care Working Group. CCG whole system winter plan in development for submission to AT 31/10/31 System wide escalation processes being developed and visibility of daily system performance being agreed	5	4	20	↔	2 Action Required	21/10/2013	Jo Cullen plus 3 Group leads	Jo Cullen
C - 13/022	Operational	17/09/13	12/09/13	Community Services provision is made under contract by GWH. The contract expires on (enter correct date). The community services are key to the effective operation of the local health economy and the retendering provides an opportunity to make necessary changes to drive changes required. The Community Transformation Team are engaged with Groups in shaping how the services should change and also the retendering process. To meet the deadline of the retendering process the revised service specification must be completed and agreed by the Governing Body by the end of December 2013. There is a risk that the aggressive timescale of the retendering process will not allow for the necessary service developments to be formulated and tested prior to contracting which will compromise the CCGs ability to commission effective services across the health economy and this will also adversely affect the CCG reputation.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	The CTP team has experienced a change of leadership from 1/8/13. Additional staff have been contracted to support the retendering and the development of the service specifications. The CTP Governance structure is under review. The CTP team maintains an issues log which is reviewed weekly at the team meeting.	4	5	20	Agreement of the governance structure Review of the CTP PID to ensure the scope of the project and the deliverables are complete. Investigation of options with lawyers for delaying retender	30/11/13	The CT programme board has agreed new governance arrangements. The Clinical Executive have agreed a paper outlining the intentions of the CCG to move towards joint commissioning of community services with Wiltshire Council. Legal advice has been sought for the options for retendering community service.	4	5	20	new	2 Action Required	24/10/13		David Noyes
Q - 13/015	Learning Disabilities and Safeguarding Adults	16/04/2013	16/04/13	The Southern Health Unit in Wiltshire for people with learning disabilities has given commissioners cause for concern regarding the safety of service delivery to patients.	D: Efficient, appropriate and sustainable use of resources for effective healthcare Enhanced Quality and Safety of Services.	The Director of Quality and Patient Safety wrote to the trust to suspend placements until all safeguarding and Serious Incidents reporting requirements were met and Commissioners gained assurance that the Provider was completing Route Cause Analysis of significant incidents and sharing the learning from these to improve patient care. Senior Team meeting with Directors of Southern Health May 13 and July 13. Admissions re-started with sign-off by JCC / DL only. Ongoing monitoring of quality. Monthly quality meetings from Sept'13. Regional meeting regarding provider 17/10/13	5	5	25	Discharge plans for Wiltshire CCG patients;	31/10/2013	Another Safeguarding Alert for Postern House for a Wiltshire patient has been received (there has also been another Safeguarding Alert for a Hampshire patient in the last month); CQC inspections with enforcement actions;	5	4	20	↑	2 Action Required	21/10/2013	Dina Lewis	Jacqui Chidgey-clark
Q - 13/020	Operational	21/10/2013	14/10/13	Southern Health threatening to close Postern House, 5 Wiltshire patients currently resident.	F: Enhanced Quality and Safety of Services.	Contract meetings; Placement Co-ordinator in CCG.	5	4	20	Discharge plans for Wiltshire CCG patients;	31/10/2013	Meeting with Southern Health Chief Executive who has given notice. Five clients currently resident. Provision for existing and new clients needs to be sought.	5	4	20	new	2 Action Required	21/10/2013	Dina Lewis	Jacqui Chidgey-Clark
W - 13/014	CQC inspection	16/04/13	16/04/13	There is a commissioning risk that requirements of the CQC are not fulfilled under the existing contract 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. And commencement of availability.	30/11/13	Discussions continuing to provide 136 suite for under 16s.	5	4	20	↔	2 Action Required	24/10/2013	Victoria Hamilton/ Julia Cramp	Jo Cullen
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. Further CQC inspection has led to enforcement action.	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 - done. 4. Wiltshire Discharge Project established; joint meeting with all partners planned for 24 May 2013. 5. Wiltshire Urgent Care Network is established. 6. ECIST report received and facilitated session held 14/6/13	4	5	20	↑	2 Action Required	24/10/2013	Jo Cullen	Jo Cullen
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 caused by DTOCs in acute and community providers, leading to heightened escalation in acute hospitals, poor outcomes for patients and disrupted patient journeys.	B: Right services, right place, right time.	Weekly briefing on whole system status for DTOCs. Winter and Escalation Plans. Routine performance management arrangements. Urgent Care Plan. Urgent Care Board/Network. 20 Temporary Beds funding in care homes. Community temporary beds identified for any period of escalation.	4	5	20	CCG focus on Community Transformation. Use of commissioning intentions to support improved care planning and discharge arrangements. CCG investment plan. STARR Scheme (Step To Active Recovery and Return) and expansion of this scheme. Review of hospital social work teams. Review of communications structure. Review of management processes for DTOCs. Clarity from Wiltshire Council, Social Services on their role. Plans to support allocation of urgent care funding. Pilot for a single point of discharge project. Urgent review of STARR beds	Ongoing	Community Transformation Programme underway. Closer working with Wiltshire Council, other CCGs and providers.	4	4	16	↔	2 Action Required	17/09/13	James Slater	Ted Wilson

NHS Wiltshire CCG
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N - 13/006	Operational	18/04/13	18/04/13	Maternity services required to be tendered for May 2014, with tight timescales to refresh specification and enact procurement process. Risks of not meeting timeframe and not obtaining providers to bid for these services, also risk that there may be a challenge to the procurement process potentially involving Judicial Review.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Ability to extend the contract with existing provider. Project Management Structure, PMO, Project Board. Invitation to Tender (ITT) approved by Clinical Executive 20/8/13. ITT out 6/9/13; CCG involving other CCGs in the scoring and review of the tenders. Communication channels kept open with all CCGs involved. BANES CCG are now considering involvement in the Project Board. Providers queries are being addressed diligently.	3	3	9	POD to be completed for the project	31/10/13	Procurement process underway as a project supported by Wiltshire Council and CSCSU. ITT out, tenders are awaited.	4	4	16	↑	2 Action Required	17/09/13	James Slater	Ted Wilson
Q - 13/018	Operational	21/10/2013	14/10/13	Lack of consistent case management for specialist placements due to disaggregation of social forensic care workers leading to impact on governance of patient's case in terms of history and ongoing case management	F: Enhanced Quality and Safety of Services.	Specialist Placement Client List; Placement Coordinator in CCG; Attendance at CPA meetings and Mental Health Act tribunals; AWP Clinical Director aware; Issue raised in AWP contract meeting.	4	4	16	Transition of clients by end of October; Placement Coordinator in CCG liaising with AWP and WCC to establish plans for transition of case managers;	31/10/2013	See also W - 13/030	4	4	16	new	2 Action Required	21/10/2013	Dina Lewis	Jacqui Chidgey-Clark