

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 28 January 2014

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/14/01/16 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 January 2014

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	31/12/2013	Debbie Fielding	Strategy to be drafted for CCG consideration; Partnership agreement needs to be considered;	Jan-14	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	31/12/2013	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	31/12/2013	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 at various locations around Wiltshire wef November 2013.	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	31/12/2013	David Noyes	Finalise Communications & Engagement Workplan	Feb-14	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	31/12/2013	Simon Truelove / Group Directors	QIPP plans for 14/15 to be quantified following outcome from strategic planning work. Plans to be developed using PMO methodology and delivered.	Jan-14	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.	31/12/2013	Simon Truelove	Continued review of the financial position and current contractual status with providers. Identify further areas of financial flexibility to support financial position.	Ongoing	Green	
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; Approved JBA.	External scrutiny of commissioned services; Resources are not spent on s75 requirements.	31/12/2013	Simon Truelove	Continued work of the JCB and the development of the Better Care Plan.	Feb-14	Amber	

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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 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.	Business continuity plan for CCG (template under development by LHRP)	None	31/12/2013	David Noyes	Business Continuity Plan for CCG to be produced.	Feb-14	Amber	Business Impact Analysis undertaken Dec'13
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; Medicine Management Team Data Analysis.	CCG unable to disaggregate information to fully investigate.	NHS England response to 'specials' issue.	31/12/2013	Simon Truelove	Continued liaison with NHS England.	Jan-14	Amber	
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					31/12/2013					

NHS Wiltshire CCG
High Level 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.	31/01/14	The operational plan will not be refreshed but instead through the work of Attain the priorities for delivery for 14/15 will be defined.	4	5	20	↔	2 Action Required	30/12/13	David Noyes	Debbie Fielding	1
W - 13/027 & F - 13/008	Contract Performance & Compliance with access requirements	20/08/13	20/08/13	SWAST monthly and YTD performance continues to be below acceptable tolerances, leading to delayed response times. The increase in response times has the potential to adversely affect clinical outcomes for Wiltshire patients. SWAST is breaching on response time targets.	B: Right services, right place, right time.	Monthly contract management and reporting, including delivery by SWAST of consolidated action plan	5	4	20	CCG representatives are working with SWAS to identify actions/investments/developments that could support the delivery of improved performance and considering the following areas: • Activity growth and non-conveyance; • First responders; • Pressures in the wider health system; • Any legacy issues relating to funding and distribution of funding at Trust level; • Level at which the service is commissioned: performance measurement being at Trust level; • Compliance Framework at Trust level etc. Monitoring of contract via lead and Joint Commissioners Group	ongoing	SWAST has commissioned Lightfoot – an expert company involved in analysing resource level requirements to meet demand for ambulance services in the context of regional/local geography, to support this work SWAST have initiated a rectification plan to respond to the poor performance on the 8 min and 19 min target. Commissioners are monitoring the impact to see whether the Trust wide target can be achieved. Local performance is still a concern	5	4	20	↑	2 Action Required	30/12/13	Patrick Mulcahy / Victoria Stanley	Jo Cullen / Simon Truelow	2
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 F: 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; 2 outstanding SIRC investigations.	5	4	20	↔	2 Action Required	30/12/2013	Dina Lewis	Jacqui Chidgey-clark	3
N - 13/003	11/013 PCT - Transferred	08/11/12	01/10/11	Delayed Transfer of Care (DTC) have combined to potentially destabilise the Health and Social Care system. Reduced bed capacity caused by DTCs in acute and community providers, leading to heightened escalation in acute hospitals, poor outcomes for patients and disrupted patient journeys. Significant delays for Swindon Health Community within GWH impact detrimentally on service for Wiltshire patients.	B: Right services, right place, right time.	Weekly briefing on whole system status for DTCs. Winter and Escalation Plans. Routine performance management arrangements Urgent Care Plan Urgent Care Board/Network 20 beds funded in care homes Community temporary beds identified for any period of escalation Weekly DTC review meeting between CCG, Provider and Council	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 DTCs Clarity from Wiltshire Council, Social Services on their role Plans to support allocation of urgent care funding Implementation of Simple Point of Access (SPA) and Rapid Response Management of STARR beds Use of transferred funds Spot purchase	Ongoing	Community Transformation Programme underway. Closer working with Wiltshire Council, other CCGs and providers.	4	4	16	↔	2 Action Required	31/12/13	James Slater	Ted Wilson	4
W - 13/030 & Q - 13/018	The SPP process and the WC disaggregation of MH Social Work services project	21/10/13	21/10/13	Historically the management of MH specialist placements was undertaken by Forensic Social Workers who are employed by the Council. The risk is that there will be a lack of consistent case management for specialist placements due to disaggregation of social forensic care workers and that in the future AWP does not have the capacity within the community teams to provide adequate care co-ordination. There is also a risk during the transition from Forensic Social workers to AWP staff that there will be an impact on governance of patients' cases 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. Transition of patients by end of October 2013.	4	4	16	DL and VH to work with JCC and JC to agree next steps	ongoing	Case management now lies with AWP. AWP have recruitment underway are are meeting with CCG on 8/1/14 to discuss progress. DL and VH have taken these issues to the AWP performance meetings and had a separate meeting to take issues forward. DL has flagged issues with WC. Case management with AWP.	4	4	16	↔	2 Action Required	31/12/13	Victoria Hamilton / Dina Lewis	Jo Cullen / Jacqui Chidgey-Clark	5
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	30/12/2013	Dina Lewis	Jacqui Chidgey-Clark / Simon Truelove	6
F - 13/007	Operational	20/08/13	20/08/13	Contract overperformance on a number of acute provider contracts. Some acutes are overperforming on activity and finance while others are down on the activity plan but over on cost. This reflects a general increase in the acuity of the patients. The over performance is over and above the QIPP delivery identified in other risks	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Development of a financial and activity plan signed off by the Governing Body and ongoing contract management via the Groups supported by the CSU.	5	3	15	Clear understanding of the financial and activity positions for each acute hospital by the lead Groups. Internal review meetings and Group clinical review meetings highlighting issues to be discussed either at contract meeting or clinician to clinician meeting. Clear actions to reduce referrals and non elective admissions.	30/11/13	Actions are now focused on delivering the QIPP requirements for 14/15 in line with the planning process and the contract financialisation - deadline 28/2/14. Failure to identify the QIPP gap will result in financial pressure going into 14/15	3	5	15	↔	2 Action Required	30/12/13	Steve Perkins	Simon Truelove	7

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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. Wilt/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	30/12/2013	Jo Cullen	Jo Cullen	8
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; Baseline Adjustments for Specialist Commissioning.	4	5	20			Following the last risk register the CCG has been notified of further adjustments that will impact on its resource limit. The financial impact of this is approx. £4m. This will reduce the CCGs financial flexibility in year and recurrently	5	3	15	↑	2 Action Required	30/12/13	Steve Perkins	Simon Truelove	9
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	↔	2 Action Required	30/12/2013	Dina Lewis	Jacqui Chidgey-Clark	10