

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 25 March 2014

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/14/03/12 Board Assurance Framework and Risk Register
Author:	Susannah Long, Governance and Risk Manager
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance and 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 March 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; Community Transformation Joint Commissioning Strategy.	Minutes of the Programme Steering Group; Successful bid for 'Systems Leadership' Initiative.	None	None	04/03/2014	Debbie Fielding	Strategy to be drafted for CCG consideration.	Apr-14	Green	Both 5 Year Plan and BCF are fully coherent with an integrated model of care.
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 28 January 2014 in public and the following month's report by email circulation February 2014; Contracts signed.	None	None	28/02/2014	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; SUS data correctly attributed to CCG or NHSE.	SFT/GWH/RUH/AWP Contract Performance meetings; Contracts signed; Clinical Quality Review Meetings discussing agreed information.	None	None	28/02/2014	David Noyes / Group Directors			Green	One Provider still working on SUS data attribution.
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	28/02/2014	David Noyes	Communications & Engagement Workplan to be presented to Governing Body.	Mar-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 January 2014 Governing Body, and circulated in February 2014, showing progress; Additional schemes agreed at Programme Governance Group in September 2013.	None	None	28/02/2014	Simon Truelove / Group Directors			Green	QIPP for 14/15 quantified.
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 Report; Internal Audit; External Audit; Organisational QIPP Plan; Signed contracts for commissioned services; SUS data correctly attributed to CCG or NHSE; Confirmed capital grant.	Governing Body received Integrated Performance Report on January 2014 in public and the following month's report by email circulation February 2014	Agreement of baseline funding with NHSE on a number of minor issues outstanding. NHSE requirements for funding adjustments.	Acute providers overactivity - cost of activity higher in 2013/14 compared to the 2013/14 plan.	04/03/2014	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 Better Care Plan governance arrangements;	Set up of the JCB and reviewing; Performance risk assessed, detail included in JBA.	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.	28/02/2014	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; Business Continuity Plan approved.	LHRP workplan and meetings; Community Risk Register.	None	None	28/02/2014	David Noyes			Green	
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.	28/02/2014	Simon Truelove	Continued liaison with NHS England.	Mar-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					28/02/2014					

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>	Score between 1-5	Score between 1-5	Score between 1-5	<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>	Score between 1-5	Score between 1-5	Score between 1-5	<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 - 13/026	Operational	26/02/14	26/02/14	The CCG has agreed that it will make QIPP improvements and savings of £11.6m in 14/15. 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 a 2 year Operational Plan setting out clear priorities for CCG activities. QIPP forecasts have been made based on activity data broken down by providers with delivery phased to occur from Q2 14/15. PMO is now well established. Programme Governance Group in place and operating effectively. Blue print for major initiatives in place. Integrated Performance Report.	5	5	25	1) 12 month workplan for the CCG, under development by the CSU to clearly articulate the work needed to deliver QIPP and delineate the resources attributable to each project. 2) Develop more robust mechanism for reporting within the Integrated Performance Report.	1) 01/04/2014 2) 01/04/2014	QIPP targets have been set and Governing Body briefed.	5	5	25	new	2 Action Required	26/02/13	David Noyes	Debbie Fielding	1
C - 13/027	Operational	26/02/14	26/02/14	The work required over the next 12 months with regard to programmes, projects, service redesign, service specifications and new contracts demands much of the capacity and capability of the CCG. This could have an impact of achievement of financial targets and the ability to form the desired health system.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	PMO structure; PGG and project governance framework; Group Executive; Commissioning Development Training; Objective setting, PDP and appraisal system; Learning & Development Policy.	5	5	25	Executive Team Away-day to consider CCG structure; Completion of Workplan, clarity on leadership and subsequent resource assessment; Organisational Development Plan and subsequent resource assessment.	10/03/14 01/04/14 01/05/14	Organisational Development Plan nearing maturity.	5	5	25	new	2 Action Required	26/02/13	David Noyes	Debbie Fielding	2
W - 13/027	Contract Performance	21/10/13	21/10/13	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. Apr to September shows every month for red 8 response below 75% with little likelihood of improvements going into winter with increased activity and acuity levels.	B: Right services, right place, right time.	Monthly contract management and reporting, including delivery by SWAST of consolidated action plan	4	4	16	Continuing liaison with SWAST and monitoring of contract via lead and joint commissioners group	ongoing	SWAST performance continues to fail to meet acceptable levels. Weekly performance telecon in place and action plan in place. Performance in Qtr 4 is improving however Wiltshire will still miss 75% target	5	4	20	↔	2 Action Required	13/02/2014	Patrick Mulcahy	Jo Cullen	3
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. F: 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;	31/10/13	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	13/02/2014	Dina Lewis	Jacqui Chidgey-Clark	4
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 caused by DTCOs 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 DTCoCs. 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 DTCoC 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 DTCoCs 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	21/01/14	James Slater	Ted Wilson	5
W - 13/030	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. Going forward the case management will be the responsibility of AWP staff. The risk is that historically the care co-ordination has not been adequately undertaken 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 cases are not managed.	B: Right services, right place, right time.	SPP panel, AWP quality and performance meetings plus additional meetings and agreed actions to resolve issues.	4	4	16	DL and VH to work with JCC and JC to agree next steps	ongoing	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. See also Q - 13/018	4	4	16	↔	2 Action Required	13/02/2014	Victoria Hamilton	Jo Cullen	6
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	13/02/2014	Dina Lewis	Jacqui Chidgey-Clark / Simon Truelove	7
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			Continued over-performance on contracts means greater QIPP requirements in 14/15. M1 and M10 has seen activity over plan. This is a major risk to the CCG. Actions associated with the BCF, QIPP projects and ongoing projects have the ability to reduce the current downward trend, however, difficult to determine whether it is enough.	3	5	15	↔	2 Action Required	27/02/14	Steve Perkins	Simon Truelove	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			Impact of Resource reduction will be £3.2million. This has been actioned and the Financial Plan going forward has reflected this position which, in turn, has reduced the financial flexibility of the organisation.	5	3	15	↔	3 Closed	27/02/14	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;	31/10/13	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	13/02/2014	Dina Lewis	Jacqui Chidgey-Clark	10