

**Clinical Commissioning Group Governing Body**  
**Paper Summary Sheet**  
**Date of Meeting: 20 May 2014**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/14/05/14 Board Assurance Framework &amp; Risk Register</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 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. This document has been recast for 2014/15.</p> <p>The CCG high level risk register is a document identifying the 'Top 10' risks to the strategic objectives of the organisation.</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>Cross Reference to Strategic Objectives:</b>	The BAF and Risk Register contribute to the governance arrangements of the CCG and support all Strategic Objectives.
<b>Engagement and Involvement:</b>	The BAF and Risk Register are internal mechanisms and have had engagement from CCG staff.

<b>Communications Issues:</b>	The BAF and Risk Register are 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 BAF and risk register at each meeting.
<b>Risk Management:</b>	The BAF and Risk Register are communication and analysis tools that contribute to CCG risk management.
<b>National Policy/ Legislation:</b>	The CCG is required to have a BAF and Risk Register in place.
<b>Equality &amp; Diversity:</b>	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.
<b>Other External Assessment:</b>	The BAF and Risk Register will be scrutinised by Internal Audit as part of Governance audits.
<b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b>	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 May 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
<b>A. To drive towards a clinically led model which delivers integrated high quality patient services within the community based upon neighbourhood teams to provide 'wrap around' care at or close to home.</b>											
A.01	Achieving consistent, system wide consensus on the strategic objectives of CCG 5 Year Strategy and Better Care Fund.	Governing body reports; Programme Governance Group (PGG); BCF PGG; Integrated Performance Report.	Minutes of the PGG; Minutes of BCF PGG; Area Team assurance framework; Governing Body minutes.	Communications & Engagement Plan implementation.	None	08/05/2014	Debbie Fielding	Robust implementation of Communications and Engagement Plan.	Jun-14	Amber	Both 5 Year Plan and BCF are fully coherent with an integrated model of care.
<b>B. Commission appropriate services to meet the needs of the local population and national priorities, delivered in the right place (ideally in a primary care setting but acute where necessary) 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 members receive Integrated Performance Report on a monthly basis; Contracts signed.	None	None	08/05/2014	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 Oct15 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	08/05/2014	Group Directors			Green	One Provider still working on SUS data attribution.
<b>C. Engage effectively with the local population to enable patients and practices to influence the services that we commission.</b>											
C.01	Failure to fully engage with communities to influence service development	CCG 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; Communications & Engagement Workplan presented to Governing Body.	Locality Stakeholder days; Comms and engagement considered as part of Executive Summary in Integrated Performance Report.	None	Internal Audit assessment of Communications & Engagement.	08/05/2014	David Noyes	Internal Audit to review Communications & Engagement during quarter 1 14/15	Jul-14	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. 14/15 IPR contains new detailed QIPP section.	Governing Body members receive Integrated Performance Report on a monthly basis; Additional schemes agreed at Programme Governance Group in September 2013.	None	None	08/05/2014	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 members receive Integrated Performance Report on a monthly basis.	Agreement of baseline funding with NHSE on a number of minor issues outstanding. NHSE requirements for funding adjustments.		08/05/2014	Simon Truelove	Continued review of the financial position and current contractual status with providers. Identify further areas of financial flexibility to support financial position. Continued discussion with NHSE to agree baseline.	Ongoing	Amber	
<b>E. Develop an effective and responsive clinically led commissioning organisation, working collaboratively with partner organisations.</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 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; Director of Integration appointed.	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.	08/05/2014	Simon Truelove / Jacqui Chidgey-Clark	Implementation of programmed activities within the Better Care Plan.	Sep-14	Amber	

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<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>											
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 and EPRR presented to and approved by AAC.	LHRP workplan and meetings; Community Risk Register; Involvement with EPRR exercise.	None	None	08/05/2014	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.	08/05/2014	Simon Truelove	Continued liaison with NHS England.	Jul-14	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					08/05/2014					

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 Score between 1-5	Consequence Score between 1-5				Likelihood Score between 1-5	Consequence Score between 1-5							
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 first 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?			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?			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?				
N - 14/014	Operational	02/05/14	02/05/14	Insufficient time to prepare and gain agreement on procurement and tender requirements for adult community health services. Deadline for PQG 31st Dec 14.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Project structure and management	3	4	12	31/12/14	Project workbook finalised. Programme Board and Steering Group meeting in May	4	4	16	new	2 Action Required	01/05/2014	Neal Goodwin	Ted Wilson	1
N - 14/015	Operational	02/05/14	02/05/14	This dementia project has had to readjust its focus due to the advice received from VC and lawyers in which we were advised to undertake a formal public consultation process on all 3 imminent options. Legal advice and informal advice from Healthwatch has confirmed that the project has a strong risk of a legal challenge and a high possibility of a judicial review.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Steering Group, Project Team, WDOB, Involvement of Group Director for NEW and Associate Director of MH Commissioning, Wiltshire Council commissioners and contract leads, WCCG temporary dementia commissioning and project lead, Exec, Clinical Exec, JCB, Governing Body, Cabinet bodies.	4	4	16	30/10/2014	WC and WCCG have agreed to co-partner on this project and to undertake a formal three month consultation with full engagement with Council members and Council and CCG governance bodies. The storyline is being developed jointly and will address reasons for the protracted temporary closure of CH and what analysis the CCG has undertaken to ensure that the options presented to the public are a full and open record of what has taken place.	4	4	16	new	2 Action Required	01/05/2014	Susan Dark	Ted Wilson	2
W - 13/036	DTC Reporting and quality and performance meetings	27/12/13	02/10/13	There is a risk that patterns are not being transferred from AWP wards to appropriate nursing home or other care in the community in a timely way. This is resulting in significant delayed transfers of care.	A: Clinically led integrated delivery of community based care.	Weekly DTC teleconferences. Paper to Clinical Executive on 11 March 2014.	4	5	20	Various	Paper was discussed at Clinical Executive meeting on 11 March 2014 for further discussion at the JCB.	4	5	20	↔	2 Action Required	01/04/2014	Victoria Hamilton	Jo Cullen	3
S - 14/015	Operational	30/04/14		Part year planned QIPP effect may not meet required QIPP level due to full list of schemes not being confirmed/agreed and consequent impact on implementation.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Robust oversight from Planned Care Programme Director and substantial progress made in agreeing and sizing schemes to date	4	4	16	30/05/2014	Additional scoping work commenced on transformational opportunities to create pipeline. MSK Programme Group has met, and policy to support injections has been written and discussed at CAG	4	4	16	new	2 Action Required	30/04/14	Mark Harris	Mark Harris	4
S - 13/012	Project Risk register	14/02/14	01/12/13	There is a risk that the planned changes to Vascular Services by Specialist Commissioning will have an adverse affect on other services and existing provider outcomes for these services as well as to the reputation of the CCG	F: Enhanced Quality and Safety of Services	Wiltshire Vascular Steering group with escalation to Clinical Executive Regular review at Steering Group; attendance at Specialist Forum to escalate & raise issues. Regular & ongoing review with providers to understand impacts (throughout 13/14). Agreed process for highlighting and escalating risks through the Wiltshire Steering Group.	4	4	16		Meeting held between specialist commissioning and CCG clinical Exec in April 14. Responsibility of risk escalated to senior Execs Local clinicians have been invited by specialist to sit on the pathway groups, and pathways will be stress tested by Wiltshire CCG.	4	4	16	↔	2 Action Required	30/04/14	Jill Whittington	Mark Harris	5
C - 13/030	Operational	26/02/14	26/02/14	CCG has developed a 5 Year Plan but due to a constrained and largely imposed timeline has yet to adequately engage with the public. This could lead to omissions within the plan, disenfranchised public, reputational risk and financial consequences.	C: Public and practice engagement.	Health Watch present at Governing Body meetings; CCG Communications Team; Communications and Engagement Plan.	4	4	16	30/04/14	There is now a decent and holistic Communications and Engagement Plan in place, the challenge now being to implement effectively.	4	4	16	↔	2 Action Required	01/05/14	David Noyes	Debbie Fielding	6
Q - 13/019	SIRI discussions with AWP	21/10/13	21/10/13	The risk is that AWP are not consistently providing completing RCA for SIRI in line with NPSA guidance and that this may be masking areas of poor performance.	F: Enhanced Quality and Safety of Services	Local and contract wide monthly quality and performance meetings, SIRI reporting and monitoring, monthly meetings with AWP's Wiltshire management team, Regional meeting October 2013 with AWP agreed plan of sharing 72 hour reports, executive summary and action plan for each SIRI. Local SIRI review meeting in Wiltshire to commence in November 2013 with the local Clinical Director	4	3	12		Letter has been sent from all local commissioners requesting immediate action on all open SIRI. April 2014 - a further information sharing meeting will be co-ordinated by the BNSSG AT as the trust position is deteriorating once again.	4	4	16	↑	2 Action Required	28/04/2014	Debbie Rigby	Jacqui Chidgey-Clark	7
C - 13/027 (A F - 13/007)	Operational	26/02/14	26/02/14	The CCG has agreed that it will make QIPP improvements and savings of £1.6m 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 CCG's financial position, its reputation, and its ability to operate without close support from NHS England. (Impact on financial flexibility if QIPP plans do not deliver)	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. (Budget monitoring and activity monitoring; Contract performance management)	5	5	25	1) 01/04/2014 2) 20/04/2014	QIPP targets have been set and Governing Body briefed. 30.4.14 The content of the workplan has been agreed by EMT. Directors are to brief staff and set direction with the CSU engaged in the development of milestones to assist with monitoring delivery. 30.4.14 The CSU have produced a QIPP monitoring report which will form part of the Integrated Performance Report received by the Governing Body. Commentary on performance in this report will be supplied by Programme Directors. Staff awayday on 19 May 2014.	4	5	20	↓	2 Action Required	01/05/14	David Noyes	Debbie Fielding	8

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C - 13/029	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 on 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; PCG and project governance framework; Group Executive; Commissioning Development Training; Objective setting, PDP and appraisal system; Learning & Development Policy; Executive Team awayday 10/3/14 considering structure.	5	5	Disproportionate approach to maintaining focus on priorities. Completion of Workplan, clarity on leadership and subsequent resource assessment; Organisational Development Plan and subsequent resource assessment. Milestone plan for 12 month work programme.	01/05/14 01/05/14	Organisational Development Plan nearing maturity. 30.4.14 Draft Concepts of OD have been agreed by the Clinical Executive. The CSU are engaged in the production of a detailed plan to deliver the concepts. The CCG has planned a staff development session to occur on 19/5/14. This will address matrix working. 12 month work plan in place.	4	5	↓	2 Action Required	01/05/14	David Noyes	Debbie Fielding
N - 13/003	11/013 PCT - Transferred	08/1/12	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. 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 DToCs. Writer 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 DToC review meeting between CCG, Provider and Council	4	5	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 Implementation of Simple Point of Access (SPA) and Rapid Response Management of STARR beds Use of transferred funds Spot purchase	Ongoing	Now part of SCF programme for integrated care. Community Transformation Programme underway. Closer working with Wiltshire Council, other CCGs and providers. New Joint Integration Director in post.	4	4	↔	2 Action Required	02/05/14	James Slater	Ted Wilson