

**Clinical Commissioning Group Governing Body**  
**Paper Summary Sheet**  
**Date of Meeting: 22 July 2014**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/14/07/13 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.</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 public documents 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 July 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; Stakeholder engagement sessions.	Minutes of the PGG; Minutes of BCF PGG; Area Team assurance framework; Governing Body minutes; Positive outcomes from stakeholder engagement sessions.	None	None	03/07/2014	Debbie Fielding			Amber	
<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.	Mechanisms to address contract over performance	None	03/07/2014	David Noyes / Group Directors			Amber	Activity over target
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	03/07/2014	Group Directors			Green	
<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.	03/07/2014	David Noyes	Internal Audit to review Communications & Engagement during 14/15	Aug-14	Amber	Audit scoped, fieldwork in August.
<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	03/07/2014	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.		03/07/2014	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.	03/07/2014	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	03/07/2014	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.	03/07/2014	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					03/07/2014					

NHS Wiltshire CCG  
High Level Risk Register

Previous Position	Current Position	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	
									Unlikelihood	Consequence	Score				Unlikelihood	Consequence	Score						
Position on Previous Gov Body Report	Position suggested for next Gov Body report	A unique reference will be allocated	From what source was the risk identified, e.g. risk assessment, incident reports, complaints, claims	On what date was the risk added?	On what date was the risk first raised?	There is a risk that...	Please choose a strategic objective from the list provided.	E.g. 1. Is there a policy or procedure in place? 2. Is there a training programme in place?	Score between 1-5	Score between 1-5	Score between 1-5	Actions should be SMART: 1. Specific 2. Measurable 3. Achievable 4. Realistic 5. Time-bound	When will all actions be complete?	What progress has been made against actions to date?	Score between 1-5	Score between 1-5	Score between 1-5	new 0 Increase 3 Decrease 0 No Change	Please choose status from the list provided	Where an 15+ risk is ongoing but accepted, when was it last reviewed?			
8, 8 & 4	1	F - 13/007, C - 13/027 & S - 14/015	Operational	30/04/14	30/04/14	The CCG QIPP plan is £11.6m for 2014/15. 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.	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 was established. Programme Governance Group in place and operating effectively. Blue print for major initiatives in place. Updated Integrated Performance Report design. Milestone Plan for delivery. Budget monitoring and activity monitoring. Contract performance management.	5	3	15	RGG to monitor the delivery of projects Monitoring of financial spend and activity monitoring against plan Further in year QIPP schemes to be identified to mitigate risk Integrated Performance Report - data reporting	01/08/14	Continued over-performance on contracts means greater QIPP requirements in 14/15. MI has seen activity over plan. This is a major risk to the CCG. Actions associated with the BCP, QIPP projects and ongoing projects have the ability to reduce the current downward trend, however, difficult to determine whether it is enough. Further analysis of activity demand to be undertaken using clinical auditors to support the practices in identifying patients who should not have gone to hospital. Half-day awaydays available for all programme teams. Progress with system review / leadership workshops.	4	5	20	↑	2 Action Required	30/06/14	Group Directors	Debbie Fielding	
Not on report	2	F - 13/009	Compliance with Access requirements	27/06/14	27/06/14	Delivery of the non elective activity target and associated impact on QIPP	B. Right services, right place, right time.	Contract monitoring. QIPP monitoring Response by Clinical leaders to identify service gaps	5	4	20	Continued contract monitoring and response to the high levels of demand. Recovery plan required to deliver targets	31/03/15	Non elective activity demand still exceeds activity plan with Non elective QIPP not being delivered. Recovery plan required to identify service gaps and times when primary care and community care can not respond to current demand. Focus on BCP schemes and over 75 care of the elderly allocation and Optimising Community Teams	5	4	20	new	2 Action Required	27/06/14	Group Directors	Debbie Fielding	
3 & 10	3	W - 13/036 & N - 13/003	DTOC Reporting and Quality and performance meetings	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, mental health and community providers, leading to heightened escalation in acute hospitals, poor outcomes for patients and discharged 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. 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 Paper to Clinical Executive on 11 March 2014	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 Implementation of Simple Point of Access (SPA) and Rapid Response Management of STARR beds Use of transferred funds Spot purchase CCG in discussion around prioritisation of funding of acute and MH DTC placements	Ongoing	Community Transformation Programme underway. Closer working with Wiltshire Council, other CCGs and providers. Clinical Executive paper for further discussion at JCB.	4	5	20	↔	2 Action Required	30/06/14	James Slater & Victoria Hamilton	James Roark, Ted Wilson & Jo Cullen	
Not on report	4	N - 14/019	Operational	03/07/14	30/08/14	Unable to recruit, in a timely way, to the workforce requirements to fully and rapidly develop Extended Community / Primary Care Teams.	D. Efficient, appropriate and sustainable use of resources for effective healthcare.	GWH monthly contract performance meetings OCT Programme Steering Group monthly meetings	4	4	16	Recruitment and deployment plan by GWH Community Expected to be presented to Governing Body	22/07/2014		4	4	16	new	2 Action Required	03/07/2014	James Slater	Ted Wilson	
9	5	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; POG and project governance framework; Group Executive Commissioning Development Training; Objective setting, PDP and appraisal system; Learning & Development Policy; Executive Team awaydays 10/3/14 considering structure. Staff development session looking at 5 year plan and matrix working on 18/5/14.	5	5	25	Re-prioritisation of in year work and identification of QIPP projects to rectify.	31/08/14	Organisational Development Plan in place. Internal Audit of 14/15 QIPP plan progress. Skills audit underway. Matrix working focus group launched.	4	5	20	↔	2 Action Required	18/06/14	David Noyes	Debbie Fielding	
1	6	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 PQO 31st Dec 14. Robustness and defensibility of proposed procurement process.	D. Efficient, appropriate and sustainable use of resources for effective healthcare.	Project structure and management Steering Group in place from May 14	3	4	12	Resources reviewed regularly via Project workbook Paper to Governing Body	31/12/2014 30/06/2014	Steering Group in place. paper to Governing Body. Alternative procurement strategies being considered.	4	4	16	↔	2 Action Required	26/06/2014	James Slater	Ted Wilson	
Not on report	7	N - 14/015	Operational	01/07/14	02/05/14	The risk is that the specialist inpatient accommodation project which is now entitled advanced dementia care frequently changes its focus to include more or less of the dementia care pathway. The allied risk is that the Health Select Committee task force will be unclear about their remit and/or the deliverables required as the focus could be too wide. An additional risk is that the Brief arising from the agreed focus may not consider the issue of whether Charter House is fit for purpose and a recommendation made regarding its future.	D. Efficient, appropriate and sustainable use of resources for effective healthcare.	Advanced dementia care working group led by Maggie Rae and James Cawley. Involvement of Ted Wilson and Victoria Hamilton on an ongoing basis. Project team, Exec, Clinical Exec, JCB, Governing Body. Cabinet to be informed of task group remit.	3	4	12	Briefing document and scoping document to be agreed between Wiltshire Council and Wiltshire CCG. Clarity of role and partnership working throughout this process including the task force review and the consultation.	30/07/2014	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.	3	4	12	↔	2 Action Required	01/07/2014	Susan Dak	Ted Wilson	
5	8	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 specialists 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	

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Not on report	9	F - 13/008	Compliance with Access requirements	20/08/13	20/08/13	Ambulance response times are poor for NHS Wiltshire CCG. SWAS who are the provider of emergency transport are hitting the 8 minute target across the whole of the Trust however for the Wiltshire population a level of 60% against a target of 75% is being achieved for the 8 minute response time.	B. Right services, right place, right time.	CCG representatives are working with SWAS. First responders. Whole system arrangements. Performance management arrangements. Lightfoot analysis.	5	4	20	Continued contract monitoring.	31/03/14	Ambulance response rates still remain under target. Action plans agreed between commissioners and SWASFT are having an effect, however, still not hitting the target. Further monitoring of the contract and the impact of the BCF and QIPF projects will hopefully reduce demand. CCG to meet with SWASFT to discuss and agree local Red 1 trajectory, recognising the operational challenges that the trust face with the rurality of the county. CCG to meet with SWAST to discuss and agree non conveyance thresholds to support Right Care 2 initiatives.	5	3	15	↔	2 Action Required	27/06/14	Patrick Mulcahy	Jo Cullen	
Not on report	10	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, DTQC) 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. 5. CQC follow-up visit 6. RUH 12-hour Trolley Breach Action Plan. 7. Wiltshire Discharge Project. 8. Emergency Care Intensive Support Team Review (ECIST) report and facilitated session 14/6/13.	4	5	20			CCQ follow-up review removed enforcement notice. Continue with existing mechanisms to monitor situation. Foundation Trust application due next month.	3	5	15	↔	2 Action Required	01/05/2014	Jo Cullen	Jo Cullen	