

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 23 September 2014

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/14/09/12 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 public documents 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 September 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 high quality patient services within the community based upon neighbourhood teams to provide 'wrap around' care at or close to home.											
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; Attendance at Area Boards.	Minutes of the PGG; Minutes of BCF PGG; Area Team assurance framework; Governing Body minutes; Positive outcomes from stakeholder engagement sessions.	None	None	19/08/2014	Debbie Fielding			Green	
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.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	19/08/2014	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	19/08/2014	Group Directors			Green	
C. Engage effectively with the local population to enable patients and practices to influence the services that we commission.											
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; Active involvement of Healthwatch	Locality Stakeholder days; Comms and engagement considered as part of Executive Summary in Integrated Performance Report.	None	Internal Audit assessment of Communications & Engagement.	19/08/2014	David Noyes	Internal Audit to review Communications & Engagement during 14/15	Aug-14	Amber	Audit fieldwork has been completed. Report awaited.
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. 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	19/08/2014	Simon Truelove / Group Directors			Green	
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.		19/08/2014	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	
E. Develop an effective and responsive clinically led commissioning organisation, working collaboratively with partner organisations.											
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.	19/08/2014	Simon Truelove / Jacqui Chidgey-Clark	Implementation of programmed activities within the Better Care Plan.	Sep-14	Amber	100 Day Challenge starting Sept 14.

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan September 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
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 and EPRR presented to and approved by AAC.	LHRP workplan and meetings; Community Risk Register; Involvement with EPRR exercise.	None	None	19/08/2014	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; Specials prescriptions are now submitted to the Area Team who are responsible for reviewing them.	NHS England response to 'specials' issue.	19/08/2014	Simon Truelove	Continued liaison with NHS England	Sep-14	Amber	CCG undertaking quarterly review of top 100 most expensive prescription items with subsequent work to change to proprietary formulation.
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					19/08/2014					

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	
									Without Consequence	Score	Score between 1-5				Without Consequence	Score	Score between 1-5						
Position on Previous Gov Body Report	Position on current 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 ↑ Increase ↔ No Change ↓ Decrease	Please choose status from the list provided	Where an 15+ risk is ongoing but accepted, when was it last reviewed?			
1	1	C - 13/027 & F - 13/007	Operational	26/02/14 & 30/04/14	26/02/14 & 30/04/14	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 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 02.14/15. PMO is now well established. Programme Governance Group in place and operating effectively. Blue print for major initiatives in place. Updated Integrated Performance Report design data from July 14. Milestone Plan for delivery. Re-validation of programmes / projects.	6	5	25	PGG 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 Workforce support to achieve objectives	Ongoing 31/10/14	Continued over-performance on contracts means greater QIPP requirements in 14/15. M1 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. Half day awaydays available for all programme teams. Progress with Systems Review / Leadership workshops. Implementation of 100 day Challenge. Re-prioritisation of workload has resulted in revised delivery structure and altered commitment to priority areas.	5	5	25	↑	2 Action Required	12/08/14	David Neves / Group Directors	Debbie Fielding	
2	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.	Contact 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. 100 day challenge.	5	4	20	↔	2 Action Required	18/08/14	Group Directors	Debbie Fielding	
3	3	W - 13/036	DTOC Reporting and Quality and performance meetings	27/12/13	02/10/13	There is a risk that patients 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 DTOC teleconferences. Paper to Clinical Executive on 11 March 2014.	4	5	20	I. The CCG to facilitate further discussion between Wiltshire Council and AWP to discuss the issues and potential solutions. II. The CCG works with Wiltshire Council to explore the strategic options to develop the nursing home/community provision required for complex dementia care and the potential mechanisms for funding it. (This will be a medium to long term piece of work and could be part of community transformation). III. The CCG to discuss the prioritising system for consideration and funding of acute and MH DTOC placements. IV. The CCG to discuss with Wiltshire Council how AWP beds are considered when decisions are made about other competing applications for funding.	Various	Actions continue to be progressed albeit slowly. There is no one immediate solution to these issues. In the last few weeks MH DTOCs have shown a moderate decrease. Assessment of risk remains significant. A meeting took place on 8 Sept 14 between the CCG, The Order of St John and Wiltshire Council to discuss their ability to care for patients discharged from the AWP dementia beds.	4	5	20	↔	2 Action Required	09/09/2014	Victoria Hamilton	Jo Oullen	
4	4	N - 14/019	Operational	03/07/14	30/06/14	Unable to recruit, in a timely way, to the workforce requirements to fully and rapidly develop Integrated Teams.	D. Efficient, appropriate and sustainable use of resources for effective healthcare.	GIWH monthly contact performance meetings OCT Programme Steering Group monthly meetings Recruitment and deployment plan has been produced by GIWH	4	4	16	CCG monitoring recruitment	30/09/2014	Three phase recruitment plan has been produced by GIWH to recruit into Community Teams. Recruitment planned over the remainder of the calendar year. Deployment plan will focus on current vacancies first and additional staff as recruited. CCG receiving weekly updates on recruitment.	4	4	16	↔	2 Action Required	12/08/2014	Neal Goodwin	Ted Wilson	
5	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 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; Executive Team awayday 10/3/14 considering structure. Staff development session looking at 5 year plan and matrix working on 19/5/14.	5	5	25	Clear objectives set for all staff. Re-prioritisation of in year work and identification of QIPP projects to rectify.	01/05/2014 31/08/2014	Organisational Development Plan in place. Internal Audit of 14/15 QIPP plan progress. Skills audit underway. Matrix working focus group launched. Re-prioritisation and validation of work plan conducted.	3	5	15	↓	2 Action Required	12/08/14	David Neves	Debbie Fielding	
7 & Not on report	6	N - 14/015 & N - 14/016	Operational	01/07/14 & 16/7/14	02/05/14 & 16/07/14	The Health Select Committee Advanced dementia care Task Group has the remit to look at the care pathway leading up to and out of inpatient accommodation. They will be considering the suitability of specialist inpatient dementia beds location in proximity to acute hospital sites for ensuring acute care needs are managed effectively. The right timescales could impact detrimentally on the public consultation and may increase the likelihood of a formal challenge.	D. Efficient, appropriate and sustainable use of resources for effective healthcare.	Advanced dementia care working group led by Maggie Rae and James Cawley. The Scrutiny Task Group. Involvement of Ted Wilson. Project team, Exec, Clinical Exec, JCB, Governing Body. Cabinet to be updated on progress.	4	3	12	Ted Wilson will speak to Maggie Rae regarding the positioning of Charter House within the Consultation on 20/06/14. Commence public consultation.	20/08/14 30/09/14	TW convening meetings with Maggie Rae (Wiltshire Council) to ensure ongoing congruence. The Advanced dementia care steering team is due to meet on 20/8/14.	3	4	12	↔	2 Action Required	12/08/2014	Susan Dark	Ted Wilson	

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			
									Unlikely	Consequence	Score				Unlikely	Consequence	Score								
Position on Previous Gov Body Report	Position on current 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	Unlikely	Consequence	Score	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	Unlikely	Consequence	Score	new 0 Increase 0 Decrease 0 No Change	Please choose status from the list provided	Where an 15+ risk is ongoing but accepted, when was it last reviewed?			
9	7	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 65% 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	16	↔	2 Action Required	18/06/14	Patrick Mulcahy	Jo Cullen			
10	8	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 14/8/13.	4	5	20			CQC follow-up review removed enforcement notice. Continue with existing mechanisms to monitor situation. Meeting with Monitor in September. - CCG awaiting outcome.	3	5	16	↔	1 Risk Accepted	01/05/2014	Jo Cullen	Jo Cullen			
Not on report	9	W - 14/037	Quality and Performance Reports	28/04/14	28/04/14	NHS 111 performance is below acceptable KPI thresholds within a number of parameters, specifically but not limited to Ambulance Disposition Rate (ADR), ED Referral Rate (EDRR) and Warm Transfer Rate (WTR). The impact is that patients are not being signposted to the appropriate NHS service, impacting upon health outcomes. Increase in inappropriate referrals to A&E will impact upon providers to maintain quality thresholds due to increased activity. Increase in inappropriate referrals to SWASFT will impact upon their resource plan to deliver Red 1 response times	B. Right services, right place, right time.	Ongoing contract performance arrangements; Financial penalties linked to KPI available from May 14; Weekly teleconference call with provider and commissioners within AGW; Weekly recovery plan being submitted to commissioners by Care UK with updates to NHSE. Daily performance report dashboard from Care UK Harmoni.	5	4	20	Supporting joint meetings with SWASFT and Care UK Harmoni to improve ADR	on going	Marginal improvements in ADR, and ED disposition. Care UK to propose Clinical Prioritisation Model to improve WTR via AGW Clinical Quality Review Group - to be approved August meeting and implemented by Care UK. Financial penalties calculated by SWCSU for August contract board meeting. Performance still poor as a direct result of continued below staffing levels of HA's and CA's. Recovery to acceptable staffing levels given as Sept/ Oct 14.	5	4	20	↔	2 Action Required	12/08/2014	Patrick Mulcahy	Jo Cullen			
6	10	N - 14/014	Operational	02/05/14	02/05/14	Insufficient capacity and resources to meet agreement on procurement and tender requirements for adult community health services. Robustness and defensibility of proposed procurement process may be challenged leading to financial, reputational and legal sanctions.	D. Efficient, appropriate and sustainable use of resources for effective healthcare.	Project structure and management Steering Group in place from May 14 Additional resource (Atten)	3	4	12	Resources reviewed regularly via Project workbook Reports to Governing Body	30/09/2014 and 30/11/14	Steering Group in place, paper to Governing Body. Alternative procurement strategies being considered. Atten and CSU resources.	3	4	12	↓	2 Action Required	09/09/2014	James Slater	Ted Wilson			