NHS
Wiltshire
Clinical Commissioning Group

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

For: PUBLIC session ☒ PRIVATE Session ☐

For: Decision ☐ Discussion ☒ Noting ☐

Agenda Item and title:	**GOV/14/11/13 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:	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. The CCG high level risk register is a document identifying the 'Top 10' risks to the strategic objectives of the organisation.
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:	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. 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.
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 November 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	05/11/2014	**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 bute 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; Provider recovery boards.	Governing Body members receive Integrated Performance Report on a monthly basis; Contracts signed; Visible 'Hold file' reduction.	Mechanisms to address contract over performance	None	21/10/2014	**David Noyes / Group Directors**	Address via commissioning intentions		Amber	Activity over target, 'hold file' in some services.
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; CQRM; Integrated Performance Report (Quality section); 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	21/10/2014	**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 September 2014; Governing Body meetings held in public at various locations around Wiltshire wef November 2013; Health Fairs; 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.	Staffing issues in Communications Team.	None	21/10/2014	**David Noyes**			Amber	Band 7 Senior Stakeholder Communicaions and Engagement Manager has been appointed and is due to start in early January 2015. CSU interim cover. Band 6 Interim cover to start 3/11/14.
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; PGG actively involved; Finance Committee review and recovery plans.	None	None	21/10/2014	**Simon Truelove / Group Directors**	Recovery plans in place.		Amber	
D.02	CCG unable to meet the financial targets	Financial Strategy; 5-year Strategy/2yr Operational 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.		Agreement of baseline funding with NHSE on a number of minor issues outstanding. NHSE requirements for funding adjustments.	None	21/10/2014	**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	Amber	

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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.	Quality and outcome reports for commissioned services.	External scrutiny of commissioned services; Resources are not spent on s75 requirements.	21/10/2014	**Simon Truelove / Jacqui Chidgey-Clark**	Implementation of programmed activities within the Better Care Plan.	Sep-14	Amber	100 Day Challenge starting Sept'14.
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; Internal Audit and Business Continuity arrangements.	None	None	05/11/2014	**David Noyes**			Green	
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					

Date printed 18/11/2014

NHS Wiltshire CCG
High Level Risk Register

									Original score							Current score							
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	Likelihood	Consequence	Score	Actions required to mitigate risk	Due date	Progress against actions	Likelihood	Consequence	Score	Change in score	Status	Last Review Date	Operational Lead	Exec Lead
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, complains, 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 ⇩Decrease ⇔No Change	*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 & 30/04/13	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, having very little financial flexibility to offset undeliverv, 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. Updated Integrated Performance Report design data from July14. Milestone Plan for delivery. Re-validation of programmes / projects. Budget monitoring and activity monitoring, contract performance management.	5	5	25	Workforce support to achieve objectives	31/10/14	Half day awaydays available for all programme teams; Progress with Systems Review / Leadership workshops. Implementation of 100 day Challenge. PWC KPI workshop offered to all Project Managers. CCG planning for 2015/16 has commenced. Commissioning Intentions for 2015/16 almost complete. Continued over-performance on contracts means greater QIPP requirements in 14/15. M1 -6 has seen activity continue to be over the agreed activity plans. 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. 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. Finance Committee briefed on recovery plans.	5	5	25	⇔	2 Action Required	21/10/14	David Noyes / Group Directors	Debbie Fielding
2	2	F - 14/009	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 montioring 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	21/10/14	Group Directors	Debbie Fielding
Not on report	3	F - 14/010	Operational	22/10/14	22/10/14	Financial Position for 2015/16 has been impacted by the increased recurrent cost pressures coming out of 2014/15. QIPP target is predicted to be £15.9m which will be challenging given previous delivery. Financial position of major acute providers is also increasing in risk especially with the potential impact of the 4% efficiency requirement for 2015/16	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Financial Monitoring PMO methodology Robust contracting QIPP planning and service redesign	5	4	20	Establish working to gether across the health system CCG Clinical Leaders to work with acute clinicians to identify pathway changes in which to reduce the number of people going into hospital and to reduce the level of interventions. Robust planning for 15/16 Supporting acutes to deliver their efficiency targets	31/03/15		5	4	20	new	2 Action Required	21/10/14	Group Directors	Debbie Fielding
Not on report	4	S - 14/023	Operational	22/10/2014	01/09/14	Domiciliary Care Provider commissioned by Council in South of County (sarum group area) is not able to accept new referrals while under restrictions to servcie from CQC. This is impacting on DTOCs in SFT and management of placements at home.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Spot purchasing by Council to manage interim. Daily information of numbers awaiting packages supplied by council. Action plan in place by Mears (Provider) to rectify systems inherited from other providers taken on and to recruite staff.	5	4	20	CQC decision to allow Mears to accept new referrals.	01/12/2014	Spot purchasing underway by council resource teams. Escalated within council to Corporate Director and Council Leader by CCG and GPs. Weekly system meetings with senior input starting wc 27/10/14 Council discussing additional housing for staff with provider	5	4	20	new	2 Action Required	22/10/2014	External	Mark Harris
3	5	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 and a number of patients being placed out of area.	A: Clinically led integrated delivery of community based care.	Weekly DTOC telecomnferences. Paper to Clinical Executive on 11 March 2014.	4	5	20	The CCG to facilitate further discussion between Wiltshire Council and AWP to discuss the issues and potential solutions exploring 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). The CCG to discuss the prioritising system for consideration and funding of acute and MH DToC placements The CCG to discuss with Wiltshire Council how AWP beds are considered when decisions are made about other competing applications for funding. Carry out a review of DToCs patients; Carry out a review of the Section 117 placement panel.	Various	Actions continue to be progressed albeit slowly. 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, it does not appear that this will be available in the short term. Urgent discussion with the Council to be held.	4	5	20	⇔	2 Action Required	21/10/2014	Victoria Hamilton	Jo Cullen
6	6	N - 14/016	Operational	16/07/14	16/07/14	Work has been undertaken on drawing together an ADC Pathway document which is a route map for all dementia services with special focus on all advanced dementia services. This was agreed in order to provide context to the Specialist dementia hospital care consultation. It now appears likely that there will be no contextual setting and the consultation will progress with a very specialist set of questions only. However, this has still to be agreed. Only once this is agreed can a definitive group of documents be drawn up. There is no ongoing project team resource currently assigned to this Consultation which is likely to impact the ability to meet partner expectations and deliver a meaningful consultation within a very tight timescale. Draft pulic consultation document prepared with CCG Solicitors. Council Officers considering document with intent to present to Cabinet on 11 November 2014 (if approved consultation starts 12 Nov 14). There is a risk that the Council will not support and co-partner with the CCG.	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 James Cawley on an ongoing basis. Project team, Exec, Clinical Exec, JCB, Governing Body, Cabinet to be informed of timing and project dependencies.	4	3	12	Clarity between the CCG and the Council is required regarding the proposed Engagement and Consultation. The project has tried to reflect both parties but success has been limited . The JCB (2/10/14) need to take a decision on next steps regarding this project and agree what is to be covered and what not in the consultation so the documents can be agreed in time for Cabinet on 11/11/14. Further finance information from AWP is requred.	30/10/2014	The Governing Body (private session) have given a view but the papers brought were confused. Engagement and consultation papers remain work in progress as the positioning still needs to be agreed by the CCG and the Council. Content is work in progress as AWP has not responded with formal feedback. We also require an agreed Action Plan in response to the CQC inspection report of AWP. Additionally, the financials remain work in progress as there has been no agreement on the money to be released from closure of CH. Discussions have been undertaken between NEW Locality Director and CCG Chief Finance Officer and the Chief Executive and Chief Finance Officer of AWP.	4	4	16	⇔	2 Action Required	21/10/2014	Susan Dark	Ted Wilson

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Not on report	7	N - 14/017	Operational	02/05/14	02/05/14	There continues to be high levels of delayed transfers of care within Amblescroft South (specialist inpatient dementia assessment and treatment unit). There are few specialist nursing homes available to take people with challenging behaviours which is contributing along side other issues such as funding and proximity to families homes to high levels of DTOCs. DTOCs are costly financially, account for bed blocking as well as having a negative long term effect on the person with dementia. DTOCs are likely to be raised as an issue by members of the public/voluntary sector organisations during the Specialist Dementia Hospital Care consultation.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Involvement of Group Director for NEW and Associate Director of MH Commissioning, Wiltshire Council commissioners and contracts leads, WCCG , Exec, Clinical Exec, JCB, Governing Body, Cabinet bodies.	4	4	16	Emphasis and analysis of what is contributing to DTOCs and identification of what can be done to alleviate the stresses in the system on a weekly basis in concert with Wiltshire Council. OSJ homes providing specialist dementia care are to be opened this year and next which will take some Amblescroft patients. Additional specialist care within Wiltshire is still to be considered. There is a specialist DTOC Task Group that has been initiated.	31/12/2014	List of new specialist dementia OSJ homes was provided to Advanced Dementia Care Steering Group members (April 2014). Still insufficient care homes catering to older people with dementia and challenging behaviours. Discussions about using AWP care home liaison nurses to supplement the skill mix in care and nursing homes is under discussion. Reliant upon funds to be released from potential closure of CH.	4	4	16	⇔	2 Action Required	21/10/2014	Susan Dark	Ted Wilson
9	8	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 improvments 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 dirct result of continued below staffing levels of HA's and CA's. Recovery to acceptable staffing levels given as Sept / Oct 14. Financial penalties applied for Q1 - £17,550 Improvement in Care Uk staff absence rate supporting some improvment in performance, although not yet consistant	4	4	16	⇔	2 Action Required	21/10/2014	Patrick Mulcahy	Jo Cullen
7	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 65% against a target of 75% is being acheived 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 QIPP 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	21/10/14	Patrick Mulcahy	Jo Cullen
Not on report	10	C - 14/031	Operational	16/09/14	05/09/14	The CCG Communications Team has been severely depleted . Team running at 75% capacity from 8th September and 50% capacity from 2nd October 2014. The loss of two experienced members of the comms team will impact upon the department's ability to deliver high quality, sustained and effective communications and engagement support to the CCG.	C: Public and practice engagement.	Continuity through Head of Communications and Engagement and remaining team member.	5	4	20			Communications Team activities and work schedules have been reviewed to prioritise. Interviews for the replacement Band 7, Senior Stakeholder Communicaions and Engagement Manager have been held and a successful appointee is due to start in early January 2015. Interim cover is in place, full time over 4 days from 20/10/14. The advert for the Band 6 vacancy remains unadvertised but there is interim cover available and with agreement to start 32 hours per week from 3/11/14.	3	4	12	⇩	1 Risk Accepted	21/10/14	Helen Robinson-Gordon	David Noyes