NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 27 January 2015

For: PUBLIC session ☒ **PRIVATE Session** ☐

For: Decision ☐ **Discussion** ☒ **Noting** ☐

Agenda Item and title:	**GOV/15/01/17 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. The AAC focused attention on the risks surrounding DToC which is currently placed at rank 5 in the top 10 risks. The risk of DToC has been on the risk register in some form since December 2013. The risk is currently made up of two separately identified risks. Risk W – 13/036 has not changed in score since being added to the risk register in December 2013. Risk N – 14/017 was added to the risk register in May 2014 scoring 4 for likelihood and 4 for consequence (16), reduced to 3, 3 (9) on review in May 2014 then increased to 4, 4 (16) in September 2014. It has remained at this score.
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, look at progress and seek further assurance from Directors as required.

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan January 2015

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	18/12/2014	**Debbie Fielding**	Continuing agenda of public engagement		Green	New care model warmly endorsed at each Area Board attended.
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	18/12/2014	**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	13/01/2015	**David Noyes**			Amber	Band 7 Senior Stakeholder Communicaions and Engagement Manager started in early January 2015. Band 6 permanent staff member in place from Jan'15.
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	18/12/2014	**Simon Truelove / Group Directors**	Remit from NHS England Area Team to produce and deliver a financial recovery plan.	Jan-15	Red	
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	18/12/2014	**Simon Truelove**	Continued review of the financial position and current contractual status with providers. Identify further areas of financial flexibility to support financial position. Remit from NHS England Area Team to produce and deliver a financial recovery plan.	Ongoing	Red	

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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.	18/12/2014	**Simon Truelove / Jacqui Chidgey-Clark**	Implementation of programmed activities within the Better Care Plan. Include lessons from 100 Day Challenge into contract actions and service redesign for next year.	Feb-15	Amber	
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	18/12/2014	**David Noyes**			Green	Rolling cycle of readiness exercises.
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					18/12/2014					

NHS Wiltshire CCG
Top Ten Risks - Governing Body

									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, 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* *⇩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 undelivery, 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. Commissioning Intentions for 2015/16 complete. Annual Delivery Plan for FY 15/16 in progress. NHS England Area Team have required the CCG to prepare a recovery plan. 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 Commitee briefed on recovery plans.	5	5	25	⇔	2 Action Required	18/12/14	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 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 outcome agreed key commissioning priorities for the system and key operational actions for the Better Care Plan for 2015/16.	5	4	20	⇔	2 Action Required	18/12/14	Group Directors	Debbie Fielding
3	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	Delivery Plan for FY 15/16 maturing. Workshops to garner pan-system support in Jan'15. Commissioning Intent issued. CCG Allocation has now been received which includes additional resource to support the demographic pressures Wiltshire is experiencing. A revised financial plan is being developed and will be presented to the January Board. Financial position for 2014/15 is still challenging given the in year pressures.	5	4	20	⇔	2 Action Required	08/01/15	Group Directors	Debbie Fielding
4	4	S - 14/023 & Q - 14/026	Operational	22/10/14 & 12/8/14	1/3/14 & 12/8/14	Domiciliary Care Provider commissioned by Council in South of County (sarum group area) is not able to accept new referrals while under restrictions to service from CQC. This is impacting on DTOCs in SFT, management of placements at home and may have patient safety implications.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Spot purchasing by Council to manage interim. Contract management via 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 recruit staff. Spot purchasing of placements outside this contract with other providers.	5	4	20	CQC decision to allow Mears to accept new referrals.	01/12/2014	CQC Update report 03/10/14- from August 2014 re-visit shows continued concern and episodes of missed visits. Reported to Area Team through regular assurance meeting on the 15/10/14. 12 week CQC suspension of all new care packages 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 started wc 27/10/14 Council discussing additional housing for staff with provider. Unconfirmed removal of CQC restiction 18/12/14.	5	4	20	⇔	2 Action Required	18/12/14	External & Teresa Blay	Mark Harris & Jacqui Chidgey-Clark
5 & 7	5	W - 13/036 &	DToC Reporting and Quality and performance	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. There continues to be high levels of delayed transfers of care within Amblescroft South (specialist inpatient dementia assessment and	A: Clinically led integrated delivery of community based care.	Weekly DTOC telecomnferences. Paper to Clinical Executive on 11 March 2014. Involvement of Group Director for NEW and Associate	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	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. Further meeting with OSJ and work underway to commission 3 specialist beds in Warminster and up to 16 specialist beds in Devizes due to open in February 2015 and a further 16 in Salisbury Spring 2015. Workshop with care Homes on the 24th Nevember to identify what support Care Homes require to enable them to provide care and support for complex dementia patients. Action plan developed and further workshop planned for February 2014. Weekly Dtocs meetings to progress placements. As at	4	5	20	⇔	2 Action Required	17/12/2014 &	Barbara	Jo Cullen &

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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 ⇧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 - 14/017	meetings / Operational	02/05/14	02/05/14	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.	Director of MH Commissioning, Wiltshire Council commissioners and contracts leads, WCCG , Exec, Clinical Exec, JCB, Governing Body, Cabinet bodies.	4	4	16	competing applications for funding. Carry out a review of DToCs patients; Carry out a review of the Section 117 placement panel. 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.	31/03/15	18th December 2015, there were 5 organic dtocs waiting for care home placements, 4 in Amblescroft South and 1 on Liddington Ward, Swindon. Workshop with AWP, WC, CCG and care Home Providers on 24th November to identify how to support care homes to provide care and support for complex dementia patients. Action plan developed to develop different approaches to contracting and in-reach support to care homes and improvements in 24/7 response services for organisc Mental Health. Proposals to be tested with Care Homes at further workshop in February.Specialist Dementia care specification being developed with OSJ and WC and business case to be developed for 3 specialist beds in new OSJ home in Warminster and up to 16 beds in the new OSJ homes due to open in Devizes (Feb 15) and Salisbury (Spring 15?)	4	4	16			18/12/14	smith	Ted Wilson
Not on report	6	N - 14/021	Operational	21/10/14	21/10/14	Financial and Operational pressures upon Acute Trusts are causing risks to service continuity for planned care leading to service restrictions, excessive waiting lists and associated performance failures (e.g. Dermatology in RUH impacting on GWH, Rheumatology and Ophthalmology in GWH).	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Contract meetings; Responsive Commissioning Regime; Clinical discussions; Issues log; Provider Recovery Boards.	3	4	12	Task and finish groups to address service issues as they arise	As and when	Ophthalmology 'hold file' patients for follow-up is reducing according to trajectory. Recruitment is in process to increase capacity. Rheumatology (routine referrals) list with GWH has closed.	4	4	16	⇧	2 Action Required	15/12/2014	James Slater	Ted Wilson
Not on report	7	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. Internal Audit report for QIPP presented to AAC.	01/05/14 11/11/14	Organisational Development Plan in place. Internal Audit of 14/15 QIPP plan demonstrated strong procedures in place but weakness in application. Skills audit underway. Matrix working focus group launched. Re-prioritisation and validation of work plan conducted. 15.12.14 Audit and Assurance Committee accepted the Internal audit report on QIPP and directors have actions to make use of project methodology and set staff objectives to drive delivery of project benefits; Executive Team Awayday held 24 Nov'14 with a follow-up in Jan'15.	3	5	15	⇔	2 Action Required	15/12/14	David Noyes	Debbie Fielding
8	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	Additional clinical resources to support delivery of KPI's	on going	National ORCP funding in place to implement dedicated clinical resources to review ambulance and ED dispositions. DoS team in place Additional national funding applied for to support clinical prioritisation model to improve warm transfer rate, and dedicated MH worker in call centre Change request to contract received from provider to utilise third party (Conduit). CCG agreement in place	3	4	12	⇩	2 Action Required	09/12/2014	Patrick Mulcahy	Jo Cullen
9	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	18/12/14	Patrick Mulcahy	Jo Cullen
10	10	C - 14/031	Operational	16/09/14	05/09/14	The CCG Communications Team has undergone substantial staff disruption impacting upon the department's ability to deliver high quality, sustained and effective communications and engagement support to the CCG.	C: Public and practice engagement.	Support and continuity through CSU Head of Communications and Engagement (3 days per week), remaining team member and interim staff.	5	4	20	Recruitment of interim cover and permanent staff in due course	31/01/15	Communications Team activities and work schedules have been reviewed to prioritise. Band 7, Senior Stakeholder Communicaions & Engagement Manager due to start 5/1/15. Band 6 Interim cover is in place, full time over 4 days from 20/10/14 and additional interim cover providing 32 hours per week from 3/11/14. CSU providing Interim Head of Communications cover over 3 days per week from 18/11/15. Permanent Band 6 from Jan'15.	3	4	12	⇩	1 Risk Accepted	09/12/14	Helen Robinson-Gordon	David Noyes