

**Clinical Commissioning Group Governing Body**  
**Paper Summary Sheet**  
**Date of Meeting: 24 March 2015**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/15/03/15 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, look at progress and seek further assurance from Directors as required.

## NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan March 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
<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; 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	27/02/2015	Debbie Fielding	Continuing agenda of public engagement		Green	New care model warmly endorsed at each Area Board attended.
<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; 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	27/02/2015	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; CORM; 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	27/02/2015	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 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.	None	None	27/02/2015	David Noyes			Green	
<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; PGG actively involved; Finance Committee review and recovery plans.	None	None	27/02/2015	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	None	27/02/2015	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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<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.	Quality and outcome reports for commissioned services.	External scrutiny of commissioned services; Resources are not spent on s75 requirements.	27/02/2015	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	
<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; Internal Audit and Business Continuity arrangements.	None	None	27/02/2015	David Noyes			Green	Rolling cycle of readiness exercises.
<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					27/02/2015					

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			Changes in score	Status	Last Review Date	Operational Lead	Exec Lead	
									Likelihood	Consequences	Score				Likelihood	Consequences	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 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?			
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 £11.8m in 14/15. There is a risk that the CCG will not deliver all its planned QIPP targets giving the CCG very little financial flexibility to offset delivery. This 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. Blue print for major initiatives in place. Budget monitoring and activity monitoring. Contract performance management. Integrated Performance Report Group performance meetings Milestone Plan for delivery. Re-visit of programmes / projects PWC KPI workshop offered to all Project Managers	5	5	25	Workforce support to achieve objectives	31/10/14	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.	5	5	25	↔	2 Action Required	23/02/15	David Noyes	Debbie Fielding	
									5	3	15	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. Seek agreement on 14/15 contract outcome positions with main providers.	31/03/15	Continued over-performance on contracts means greater QIPP requirements in 14/15. Activity is continuously over agreed activity plans. 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. Finance Committee briefed on recovery plans and Governing Body aware of financial pressures. Continued activity pressures have resulted in the CCG reducing its achievement against the planned surplus position - this will have a further impact into 15/16 when the CCG must restore the 1% surplus. Acute providers are not in a position to discuss outturn settlements following Monitor letter to maximise effective activity.	4	5	20	↔	2 Action Required	26/02/15	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 Responses 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. 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	26/02/15	Group Directors	Debbie Fielding	
Not on report	3	C - 14/038	Audit of workforce capacity across Health & Social Care system	23/02/15	27/01/15	Lack of staff across the health and social care system due to difficulties in recruitment, national staff shortages and competitive local market. Will result in the system being unable to cope with demand for services and provide safe high quality care both now and in the future.	D. Efficient, appropriate and sustainable use of resources for effective healthcare.	Each organisation monitoring key workforce gaps and taking remedial action eg overseas recruitment. System wide workforce capacity audit undertaken Feb 15. Patient outcomes in terms of quality and patient flow data collected and monitored by system, BCP dashboard. Health Education England workforce planning.	4	4	16	1. Analysis of gaps and communication to organisations within the system to identify any potential solutions 2. System wide buy-in to collaborate on potential solutions to make the best use of the workforce already in the system, by reducing inefficiencies or duplication of roles or tasks 3. Liaise with HESW and UWE re courses to develop existing staff and initiatives for recruitment	1. 31/3/15 2. 31/5/15 3. 30/4/15	Health & Social Care workforce strategy under development. Established a Wiltshire Institute of Health & Social Care.	4	4	16	new	2 Action Required	23/02/15	Jenny Hair	James Roach / David Noyes	
5	4	W - 13/036 & N - 14/017	DTOC Reporting and Quality and performance meetings & Operational	27/12/13 & 02/05/14	02/10/13 & 02/05/14	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 teleconferences. Paper to Clinical Executive on 11 March 2014. 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. JCB approved Joint Commissioning Strategy MH LD Joint Commissioner for Dementia	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	As at 16/2/16 there were 9 DTOCs of which 2 were organic pending care home placements. An action plan has been agreed between the CCG, Wiltshire Council and AWP to develop Care Home Liaison services and specialist beds in the OSJ home in Devizes in the first instance. A needs analysis has been completed to confirm current and future demand for specialist dementia care including in-patient care. Proposals for investment for these services are included in the priorities for funding from the potential savings from the possible closure of Charter House and the £1.68m ring fenced allocation for Mental Health.	4	5	20	↔	2 Action Required	19/02/2015	Barbara Smith	Jo Cullen	
						There continues to be high levels of delayed transfers of care within Amblescott 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.		4	4	16	Emphasis and analysis of what is contributing to DTOCs and identification of what can be done to alleviate the pressures 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 Amblescott patients. Additional specialist care within Wiltshire is still to be considered. There is a specialist DTOC Task Group that has been initiated.	31/03/2015	Amblescott DTOCs reduced with Council commissioning specialist dementia beds in OSJ home (June 15) in Devizes. AWP strengthening Care Home Liaison Service with improved support to care homes in regard to tools and training. AWP strengthening specialist team in AWP, 24/7 Intensive Crisis Support and specialist inpatient service where staff remain linked to discharged patients.	3	4	12	↓	2 Action Required	16/02/2015	Barbara Smith	Ted Wilson	

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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	Likelihood	Consequences	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	Likelihood	Consequences	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?			
7	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; PQG and project governance framework; Group Executive; Commissioning Development Training; Objective setting, TQP 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 11/1/14	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-optimisation 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. 23.2.15 EMT will receive an updated appraisal and objective setting timetable for the 15/16 business cycle which can be used alongside the work that Group Directors are undertaking to plan delivery of projects for 15/16 QIPP to ensure that staff are clear of the expectations placed upon them to deliver.	3	5	15	↔	2 Action Required	23/02/15	David Noyes	Debbie Fielding			
Not on report	6	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.	GWH monthly contract performance meetings OCT Programme Steering Group monthly meetings Recruitment and deployment plan has been produced by GWH Weekly status report GWH	4	4	16	CCG monitoring recruitment	31/12/2014	Three phase recruitment plan has been produced by GWH 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. Recruitment drive continues. Recruitment not as strong as anticipated, gaps are prevalent in localised areas	3	4	12	↔	2 Action Required	16/02/2015	Neal Goodwin	Ted Wilson			
3	7	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 together across the health system CCG Clinical Leaders to work with acute clinicians to identify pathway changes 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 gather pan-system support on Jan 15. Commissioning Intent issued.	5	4	20	↔	2 Action Required	26/02/15	Group Directors	Debbie Fielding			
4	8	S - 14/023	Operational	22/10/2014	01/09/14	Domiciliary Care Provider commissioned by Council in South of County (Surrey group area) is not able to accept new referrals while under restrictions to service from COC. 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 recruit staff.	5	4	20	COC decision to allow Mears to accept new referrals. Transition to full operational capacity.	01/12/2014	Spot purchasing by council resource teams continues. COC approved restarting of referrals in a managed way. Single point of co-ordination for the demands upon the capacity being switched back on. Updates at weekly system calls.	4	4	16	↔	2 Action Required	13/02/2015	External	Mark Harris			
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 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	CCG to meet with SWASFT to discuss and agree local Res 11 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.	28/02/15	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.	5	3	15	↔	2 Action Required	26/02/15	Patrick Mulcahy	Jo Cullen			
Not on report	10	W - 13/022	Quality and Performance Reports (emerge with risk W - 14/042)	30/04/13	30/04/13	Continuing periods of escalation across the Wiltshire Urgent Care Network threatens to destabilise the Health and Social Care system, leading to poor outcomes for patients. Non-elective and elective activity continues to exceed plan and budget which will impact on financial position. Revised 4 hour recovery target trajectories completed for Q4 for GWH and RUH to NHSE	D. Efficient, appropriate and sustainable use of resources for effective healthcare.	Routine performance management arrangements. Daily and weekly reports and dashboards on acute performance. Group Urgent Care Networks. Quality and Safeguarding Reporting. Strategic conference calls as required. Escalation Plans in place. Wiltshire System Resilience Group. CCG operational resilience and capacity planning plan approved and in place. System wide escalation process in place. Analysis of data for trends, lessons and actions reporting back to WWWWK Exec. Investigation of outlier specialities (gastro, cardiology, neurology).	4	4	16	Assurance of system wide operational capacity and resilience through Wiltshire SRG and continuing representation at BaNES (RUH) and Swindon (GWH) SRG. Daily monitoring and tracking through activity-performance dashboards.		System wide x3 conference calls in place to support provider delivery as required. SRG tracker updated to NHSE as per timeline Daily dashboard from 100 day challenge continues Additional adhoc SFT delivery trajectory provided to NHSE Reporting through Wiltshire SRG and BaNES and Swindon, to NHSE	2	4	8	↔	2 Action Required	19/02/2015	Patrick Mulcahy	Jo Cullen			