

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 19 May 2015

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/15/05/17 CCG Risk Register
Author:	Susannah Long, Governance & Risk Manager
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance & Corporate Services
Executive summary:	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 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 Audit and Assurance Committee (AAC) has considered and discussed the Risk Register to ensure that it correctly reflects the risk profile of the CCG.
Cross Reference to Strategic Objectives:	The Risk Register contributes to the governance arrangements of the CCG and supports all Strategic Objectives.
Engagement and Involvement:	The Risk Register is an internal mechanism and has had engagement from CCG staff.
Communications Issues:	The Risk Register is treated as a public document and will be available for release under the FOI Act.
Financial Implications:	None.
Review arrangements:	AAC will receive the updated Risk Register at each meeting.

Risk Management:	The Risk Register is a communication and analysis tool that contributes to CCG risk management.
National Policy/ Legislation:	The CCG is required to have a Risk Register in place.
Equality & Diversity:	An EIA has not been undertaken as this document reports on the detail of the Risk Register in support of the Risk Management Strategy.
Other External Assessment:	The 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 'Top 10' risks, look at progress and seek further assurance from Directors as required.

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
									Likelihood	Consequence	Score				Likelihood	Consequence	Score					
Position on Previous Gov Body Report	Position this 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 C - 13/027		C - 15/041	Operational - Replaces C - 13/027 risk for previous financial year	24/04/15	24/04/15	The CCG has agreed that it will make QIPP improvements and savings in 15/16. 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.		The CCG has agreed a 2 year Operational Plan setting out clear priorities for CCG activities. PMO is now well established. Updated Integrated Performance Report design data from April 15.	5	5	25	* Workforce objective setting in place * Chief Officer review of project plans * Enhanced Finance and Performance meeting * Refreshed Integrated Performance Report * Revised approach to monthly Group review meetings	12/06/15	Half day awaydays available for all programme teams; PWC KPI workshop offered to all Project Managers. CCG planning for 2015/16 has commenced, Commissioning Intentions for 2015/16 complete, Annual Delivery Plan for FY 15/16 incomplete. Mobilisation plan in place.	5	5	25	new		15/04/15	David Noyes	Debbie Fielding
Not on report	1	C - 14/032	Operational	15/12/2014	15/12/2014	The delivery plan for 15/16 is being established through collaboration with Attain. The CCG has a strong track record of planning. There now needs to be ownership of the plans and a focus on delivery by commissioning staff. Wide engagement has taken place and learning from previous years is there to support the need for a smooth transfer from strategic planning to operational delivery. Failure to do so will adversely affect the CCG's reputation, financial position and patient experience.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	The process to derive the plans has involved both clinical and managerial engagement	3	4	12	Early development of milestone plans which transfer ownership to commissioning staff and support delivery. Routine discussion by Executives outside of EMT to align plans, commit resources and set direction for staff.	31/03/2015	Delivery Plan maturing, handover dates, process agreed, initial plan submission 27 Feb 2015	3	4	12	↔	2 Action Required	24/04/2015	David Noyes	Debbie Fielding
1		F - 13/007	Operational	30/04/14	30/04/14	Failure of the CCG to deliver its financial control total in anyone year		Budget monitoring and activity monitoring. Contract performance management. Monthly performance meeting monitoring project delivery, financial spend and activity against plan. Monthly Integrated Performance Report. Review of financial position, recovery plans and QIPP delivery via finance committee and performance committee	2	5	10	Ensure projects delivery is on target and further develop the performance management framework within the CCG	Ongoing	Contracts for 2015/16 being negotiated and financial plan being assured by NHSE. Additional growth for elective care added of 2.7% and potentially 3.6% growth on non electives funded from the BCF performance payment, contingency and slippage on investments	2	5	10	↔		24/04/15	Group Directors	Debbie Fielding
3	2	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, BCF 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	↔	2 Action Required	24/04/15	Jenny Hair	James Roach / David Noyes
7	3	F - 14/010	Operational	22/10/14	22/10/14	Medium to long term financial position continues to be challenging which will put at risk the CCG's ability to deliver its statutory financial targets.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Financial Monitoring PMO methodology Robust contracting Financial and QIPP planning and service redesign Financial awareness across the membership of the CCG Ownership of the financial challenge across the health economy - message through the strategic forum	3	5	15	Robust performance framework throughout the organisation. Engagement across the whole of the health economy	Ongoing	Robust planning for 16/17 financial plans using benchmarking tools and establishing best practice across the system	3	5	15	↔	2 Action Required	24/04/15	Group Directors	Debbie Fielding
5	4	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. 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. 24/4/15. Planning for organisational re-structure, launch 7 May 15.	3	5	15	↔	2 Action Required	24/04/15	David Noyes	Debbie Fielding
Not on report		S - 14/017	PGG	30/04/14	30/04/14	Insufficient skills and resource in the organisation to deliver the priority programmes and business as usual.		Resource management process being undertaken by Directors	3	4	12	Completion of resource allocation process and accurate estimating of effort required for individual elements.		Group Directors has discussed and taken into account in considering new structure requirements. All projects currently allocated.	2	4	8	↔	1 Risk Accepted	21/04/2015	Mark Harris	Mark Harris
6	5	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	21/04/2015	Neal Goodwin	Ted Wilson
Not on report		S - 14/025	Planned Care Programme	11/05/2015	11/05/15	The NHS Constitutional targets for admitted care and non admitted care within 18 weeks and the number of elective patients with an incomplete pathway over 16 weeks (Referral to Treatment - RTT) will not be met throughout 15/16. This presents a clinical, financial and performance risk to the CCG.	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Monitoring arrangements. The CCG has created a new RTT Assurance Group to ensure increased scrutiny of provider actions to mitigate RTT delivery risk. There will also be greater scrutiny of RTT assurance via contract performance meetings from June 2015. This will include updates on demand and capacity modelling and risk areas to ensure a proactive, whole system approach to demand management.	4	4	16	1) CCG RTT Action Plan developed to be discussed at EMT on 18/05 2) Pan-Wiltshire RTT Assurance Group developed. First meeting 21/05 3) Remedial action plans requested from RUH and GWH 4) Contractual performance monitoring of demand and capacity across the CCG by speciality to be reported and acted upon. 5) Independent sector capacity to be more explicitly commissioned to match demand and capacity requirements of population. 6) Acute providers to have sub-contracting arrangements ready to switch on to deal with pressures. 7) Development of clinically-led pan-Wiltshire gastro work stream to support demand management 8) Creation of integrated community dermatology model pilot (west Wiltshire) to support demand management 9) Development of OPD escalation framework (jointly with RUH and BaNES) to support demand management and ensure proactive actions in relation to referral management to reduce impact on access for patients	1) 21/5/15 2) 31/5/15 3) 31/5/15 4) 1/9/15 5) 31/5/15	1) Action plan drafted 2) Meeting established and TOR drafted. 3) Action plans requested, and responses made on drafts made to date setting out expectations. 4) None. 5) Initial deep dive conducted and presented to Clinical Executive. 6) Ongoing through contract negotiations. 7) Work stream commenced. Draft pan-Wiltshire referral form developed 11/05. Pilot on gastro advice and guidance to run with RUH from June 1st to reduce preventable referrals 8) Pilot approved at CEM. Meeting to agree start date and KPIs 22/05. 9) Escalation framework approved 13/05. Plans to roll out to all providers.	4	4	16	new	2 Action Required	11/05/2015	Lucy Baker	Mark Harris

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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.	4	3	12	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.	28/02/15	Ambulance response rates still remain under target at Wiltshire level but not total SWAST level. 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.	4	3	12	↔		24/04/15	Patrick Mulcahy	Jo Cullen
Not on report		W - 13/027	Contract Performance	21/10/13	21/10/13	SWAST monthly and YTD performance continues to be below acceptable tolerances, leading to delayed response times. The increase in response times has the potential to adversely affect clinical outcomes for Wiltshire patients. Apr to September shows every month for red 8 response below 75% with little likelihood of improvements going into winter with increased activity and acuity levels.		Bi monthly contract management and reporting, including delivery by SWAST of consolidated action plan	4	4	16	Continuing liaison with SWAST and monitoring of contract via lead and joint commissioners group	ongoing	Trust performance challenged through December - monitored via daily reporting and IQPM meetings. Trust demand increasing, but awaiting local data. 15/16 contract discussions underway Trust Red 1 performance achieved, with local improvement for Wiltshire only performance. Dispatch on Disposition continuing following Dn agreement. 14/15 Contract under plan (only CCG to achieve). 15/16 contract agreed	2	4	8	↔	2 Action Required	24/04/2015	Patrick Mulcahy	Jo Cullen
8	8	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 service 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 recruit staff.	5	4	20	CQC decision to allow Mears to accept new referrals. Transition to full operational capacity.	01/12/2014	Spot purchasing by council resource teams continues. CQC 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.	3	4	12	↔		21/04/2015	External	Naz Kamal and Celia Grummit
Not on report		Q - 14/026	Operational	12/08/2014	12/08/14	Operational service delivery issues relating to Help to Live at Home provider for south of the county allegedly leading to missed visit to patients, an inability to accept new care pathways or increases in required care and possibly resulting in a risk to patient safety.	F: Enhanced Quality and Safety of Services.	Contract management arrangements; Spot purchasing of placements outside this contract with other providers Risk assessment of CHC / NHS funded patients.	4	4	16			22/10/14- Risk remains - 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. Continuing with 12 week CQC suspension of all new care packages and spot provision being sought but not always available creating delays for discharge and blocking nursing home beds. Restriction still in place. May 15 Restrictions partially lifted; new packages of care may now be accepted. Situation being monitored.	2	3	6	↓	1 Risk Accepted	08/05/2015	Teresa Blay	Jacqui Chidgey-Clark / Dina McAlpine
Not on report	9	W - 14/042	Contractual	21/10/14	21/10/14	RUH unable to cope with current volume of referrals in certain specialties - highest priority/biggest concern being dermatology followed by gastro, cardiology, ENT - resulting in poor patient experience (long waits beyond 18 weeks)	D: Efficient, appropriate and sustainable use of resources for effective healthcare.	Significant effort is being put into ensuring appropriate management of demand at RUH in order to achieve RTT; RTT working group; commissioning college oversight; monthly performance meetings; CCRB and CCRB sub-group to establish triggers and processes for challenged specialties; various QIPP workstreams (revisions to clinical priorities policies; reduction in follow-ups; setting up advice and guidance referral option; etc); specific work on dermatology and gastro; work required by RUH to support CCG assurance from NHSE regarding achievable RTT plans; sharing of practice-level referral rates in practice packs.	5	3	15	continuation of existing controls	on going	work continues for all existing controls on appropriate individual timeline per item	3	3	9	↔	2 Action Required	24/04/2015	Andy Jennings	Jo Cullen
2	10	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 Ensuring TCOP and BCF schemes are operating at maximum effect	5	4	20	Continued contract monitoring and response to the high levels of demand. Recovery plan required to deliver targets	Ongoing	Non elective activity demand still exceeding activity plan however the trend over the last 5 months is 1% down on the similar period for 13/14. Rigorous action and analysis still occurring to continue the trend along with the enhancement of the TCOP and BCF schemes 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.	3	4	12	↔	2 Action Required	24/04/15	Group Directors	Debbie Fielding