NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 22 September 2015

For: PUBLIC session ☒ PRIVATE Session ☐

For: Decision ☐ Discussion ☒ Noting ☐

Agenda Item and title:	**GOV/15/09/14 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 agreed 2015/16 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 risks to the strategic objectives of the organisation. The Audit and Assurance Committee recommends nineteen risks for the high level risk register for consideration by the Governing Body.
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 High Level Risk Register, look at progress and seek further assurance from Directors as required.

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan September 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 integrated commissioning to support the strategic objectives of CCG, the 5 Year Strategy and Better Care Fund.	Governing body reports; Joint Commissioning Board; Director of Integration; Integrated Performance Report.	Governing Body minutes; Positive relationships at Health & Wellbeing Board.	None	None	20/08/2015	**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 for commissioned services with KPI; Contract performance arrangements (CSU support); Contract Managers; Integrated Performance Report; Systems Resilience Group	Governing Body members receive Integrated Performance Report on a monthly basis; .	Mechanisms to address contract over performance.	None	20/08/2015	**David Noyes / Group Directors**	Signed contracts.	Ongoing	Amber	
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; Lay Member role; Website; Stakeholder Assembly September 2014; Governing Body meetings held in public at various locations around Wiltshire; Active involvement of Healthwatch; Acknowledgement of petitions; Equality & Diversity Strategy.	Locality Stakeholder days; Public consultations on developments; Healthwatch feedback.	Stakeholder Assembly 2015	None	20/08/2015	**David Noyes**	Arrangements for Stakeholder Assembly now separated from Annual General Meeting to focus on engagement agenda.	Nov-15	Green	
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. 15/16 IPR contains detailed QIPP section with confidence indicators; Monthly Finance & Performance Committee	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; Accurate forecasting recognised during 14/15; 14/15 Internal Audit of project	Completion of project workbooks with agreed milestones.	None	20/08/2015	**Simon Truelove / Group Directors**	Project Managers encouraged to complete required documentation.	Ongoing	Amber	
D.02	CCG unable to meet the financial targets	Financial Strategy; 5-year Strategy/2yr Operational Plan: Financial management systems; Finance & Performance Committee; Audit & Assurance Committee; Integrated Performance Report; Internal Audit; External Audit; Organisational QIPP Plan; Contracts for commissioned services; SUS data correctly attributed to CCG or NHSE.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; Accurate forecasting recognised during 14/15.	All contracts for commissioned services in place and signed.	None	20/08/2015	**Simon Truelove**	Continued review current contractual status with providers.	Ongoing	Amber	
D.03	CCG unable to deliver against NHS Constitution	5-year Strategy/2yr Operational Plan: Integrated Performance Report; Finance & Performance Committee.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; CQRM meetings reviewing providers performance data.	Reliance on performance of acute providers.	None	20/08/2015	**Simon Truelove / Dina McAlpine**	Contract negotations - CQUINS	Ongoing	Amber	

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

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D.04	Lack of available workforce in the local health system to support transformation agenda.	Each organisation monitoring key workforce gaps and taking remedial action eg overseas recruitment; System wide workforce capacity audit undertaken Feb 15; Health Education England workforce planning; UWE courses for community and primary care staff in place; Wiltshire Institute of Health & Social Care; Workforce Action Group (system wide) commencing Sept'15.	Gap analysis undertaken.	Some identified duplication of roles/tasks across the system; Innovative solutions to encourage recruitment.	CCG oversight of system staffing data.	20/08/2015	**James Roach**	Liaising with HESW and HWE regarding offer to Wiltshire; Reducing inefficiencies or duplication of roles or tasks across the system through pathway analysis.	Aug'15 Mar'16	Amber	
E. Develop an effective and responsive clinically led commissioning organisation, working collaboratively with partner organisations.											
E.01	Failure of partner organisations in commissioning of services on behalf of CCG in regard to financial expenditure and patient safety.	Signed s75 agreements Signed Memorandum of Understanding Service Specifications Monthly performance meetings between CCG Lead and Wiltshire Council Lead Joint Business Agreement agreed by JCB 24 October 2013 Better Care Plan governance arrangements; Director of Integration appointed.	JCB as an assuring body; Performance risk assessed, detail included in JBA.	Quality and outcome reports for commissioned services.	External scrutiny of commissioned services; Resource allocation confirmation.	20/08/2015	**Simon Truelove / Dina McAlpine**			Amber	
E.02	Capacity and capability of CCG staff to deliver against the 5 year plan	Objective setting, PDP and appraisal system and timetable for 15/16; Learning & Development Policy; Project Governance Framework; Staff survey;	Staff survey results; Workforce report (turnover, sickness absence and objective setting data) to Governing Body on quarterly basis.	Structure reflecting work streams; Skills audit; Central oversight of PDP to steer training.	Resource to outcomes efficiency monitoring.	20/08/2015	**David Noyes**	Re-structure of CCG; Completion of appraisals/objective setting/PDP for 15/16.	Jul-15 Jun-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; 'Sahara' exercise and report to LHRP.	None	None	20/08/2015	**David Noyes**			Green	Rolling cycle of readiness exercises.
F.02	Provider organisations failing to provide harm free care to Wiltshire residents.	Contracts for commissioned services with quality schedule; Clinical Quality Review Meetings; Incident reporting requirement and mechanisms; CQC registration and review; Safety thermometer; Quality & Clinical Governance Committee.	Monthly Integrated Performance Report to Governing Body including patient safety information; Monitoring of SIRI data at Q&CG; CCG participating in surveillance for highlighted providers.	Quality schedules and CQRM for some non-nhs providers.	None	20/08/2015	**Dina McAlpine**			Amber	
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.											
						20/08/2015					

NHS Wiltshire CCG
High Level Risk Register

Previous Position	Current Position	Risk Ref	Risk description including the effect of the risk	Existing controls	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					
4	1	C - 15/041	There is a risk that the CCG will not deliver all its planned QIPP of £9.5m in 15/16, targets which will have an adverse impact on the CCGs financial position, its reputation, and its ability to operate without close support from NHS England.	The CCG has agreed a Delivery Plan for 15/16 setting out clear priorities for CCG activities. PMO is now well established. Updated Integrated Performance Report design data from April 15. Monthly Finance & Performance meet and monthly Group meeting.	Workforce objective setting in accordance with agreed timetable Chief Officer review of project plans Enhanced Finance and Performance meeting Revised approach to monthly Group review meetings Rolling programme of presentations to Gov Body (July 15)	12/06/15	Half day awaydays available for all programme teams; Mobilisation plan in place. 17.8.15 EMT recognises the financial position and the need for potential financial recovery. Directors are to consider items to address shortfall for presentation to Clinical Exec to gain clinical support.	5	5	25	⇔	2 Action Required	18/08/15	David Noyes	Debbie Fielding
		F - 13/007	Failure of the CCG to deliver its financial control total of £5.5m due to the overperformance of contracts and the non delivery of the CCG QIPP target	Budget montioring 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 and performance committee	Ensure projects delivery is on target and further develop the performance management framework within the CCG Montioring of contracts and to focus on the correct forecasting of expenditure. Respond to pressure points and to identifiy mitigating actions to reduce expenditure. Restrict any further investments unless absoultely essetnial Review existing expenditure especially in areas of new investments in prevsious year to ensure that investment obectives are being delivered. Decisions to be made to decommission some servies if they are not delivering.	Ongoing	CCG at month 4 is predicted to overspend by £5.5m before the application of reserves. This level of forecast overspend can be mitigated by reserves but there is not further financial flexibility at the point. Rigourous review of exisiting schemes are being undertaken to assess thir effectiveness in order to make a decision about continuation. Further risks of approximately £1.4m have been reported which will need to be mitigated through demand management schemes and the delivery of a ROI for the current QIPP schemes.	5	4	20	⇔	2 Action Required	17/08/15	All Directors	Debbie Fielding & Simon Truelove
1	2	F - 14/010	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 if the QIPP targets are not delivered and the out of hospital strategy is not delivered.	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 acorss the healtheconomy - message through the strategic forum	Robust perfromance framework throughout the organisation. Engagement across the whole of the health economy	Ongoing	Robust planning for 16/17 financial plans using benchmarking tools and estlishing best practice across the system. Financial plan for subsequent 4 years being generated to identify funding gap Additional allocation as per the national announcements still to be confirmed Rigourous recovery plan to be initiated which will support the closure of the financial gap.	4	5	20	⇔	2 Action Required	17/08/15	All Directors	Debbie Fielding & Simon Truelove
3	3	S - 14/025	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 18 weeks (Referral to Treatment - RTT) will not be met throughout 15/16. This presents a clinical, financial and performance risk to the CCG.	Monitoring arrangements. The CCG has created a RTT Assurance Group to ensure increased scrutiny of provider actions to mitigate RTT delivery risk. There has also been greater scrutiny of RTT assurance via contract performance meetings from June 2015 and this is reported collectivey into the Wiltshire SRG. This includes updates on demand and capacity modelling and risk areas to ensure a proactive, whole system approach to demand management. The RTT assurance group discusses impact on revised national targets and agree next steps to ensure continued assurance of elective waiting times. Additionally individual internal meetings in providers are attended and supported by the CCG as well as relevant tripartite discussions where issues remain. The CCG is linked into the commissioning dicussions with Bristol where there is a separate agreed action plan to address 52 week waiters for spinal surgery, and the CSU contacts any non local p[roviders that report a 52 week wait to ensure a To Come In (TCI) date has been agreed.	1) Remedial action plans , revised trajectory and IMAS modelling outputs and capacity plans required from GWH 2) Remedial action plan, revised trajectory and IMAS modelling outputs required from RUH. 3) Contractual performance monitoring of demand and capacity across the CCG by speciality to be reported and acted upon via RTT assurance group 4) Independent sector capacity to be more explicitly commissioned to match demand and capacity requirements of population. 5) Acute providers to have sub-contracting arrangements ready to switch on to deal with pressures. 6) Development of clinically-led pan-Wiltshire gastro work stream to support demand management 7)Creation of integrated community dermatology model pilot (west Wiltshire) to support demand management 8) Development of OPD escalation framework (jointly wilth RUH and BaNES) to support demand management and ensure proactive actions in relation to referral management to reduce impact on access for patients	1) 30/9/15 2) 23/9/15 3) 01/9/15 4) 30/9/15 5) 30/9/15 6) Complete 7) Ongoing 8) 30/9/15	1) Action plan and trajectory submitted by GWH and responses made requiring further assurance and detail on modelling assumptions. Ongoing discussion in fortnightly RTT Steering Group with GWH and fortnightly tripartite teleconference with NHS England and Monitor. Contractal Remedical Action Plan request issued and requirement to submit refreshed trajectory by 30/9/15 to NHSE. 2) Action plan and trajectory not yet received in detail required. Tripartite roundtable discussion held on 25/8/15 with NHSE and Monitor. Requirement for trajectory and IMAS outputs to give assurance to NHSE by 23/9/15. 3) Discussions with all three acute providers regarding use of one standard demand and capacity tool to allow consitency (using IMAS) 4) Initial deep dive conducted and presented to Clinical Executive. To be included in Commissiong Intentions at end of September. 5) Discussion through RTT Assurance Group 6) Referral form agreed with GPs and live. 7) Started in June 2015.Roll out programme under development. 8) Escalation framework commenced with RUH June 2015. Plans to roll out to all providers - discussed with SFT and GWH.	4	4	16	⇔	2 Action Required	14/09/2015	Lucy Baker	Mark Harris
2	4	C - 14/038	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.	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; Gap analysis; UWE courses for community and primary care staff in place; WorkforceAction Group commencing September 2015 (every 2 months).	4. Liaising with HESW and HEW regarding offer to Wiltshire. 5. New pathways, such as Homefirst, will give a vehicle for redesign of workforce contributing to new roles and increased efficiency. A trial of Homefirst will begin in Nov'15.	4. 31/8/15 5. 31/3/16	Health & Social Care workforce strategy under development. Working group to look at operational collaborative solutions to recruitment challenge and also future workforce profile. Established a Wiltshire Institute of Health & Social Care. System wide buy-in achieved with WorkforceAction Group commencing September 2015 to collaborate on potential solutions concentrating on efficiency, learning & development and recruitment. HESW and JH have presented to Health & Wellbeing Committee. JH has attended some workshops and HEW meeting forger stronger links.	4	4	16	⇔	2 Action Required	18/08/15	Jenny Hair	James Roach / David Noyes
Not on report	5	N - 15/024	Great Western Hospitals NHS Foundation Trust (GWH) management and organisation under question in light of Monitor's investigation into GWH's 'Licence to Treat'. This is leading to instability and loss of expertise within GWH, impacting on operational service and financial pressure on the CCG.	Board to Board meetings; Monthly CRM; Performance data; Use of tripartite (NHSE & Monitor) monitoring arrangements (already in place for RTT).	Final confirmation and signing of GWH contract; SRG to take on wider remit that reflects Hospital regime (RTT; Cancer waits); Regular top-team communications between GWH & CCG (eg Board 1:1s; CEO & CFO); Improved communication & co-ordination with Swindon CCG as peer Commissioner (eg through SRG & Board 1:1).	14/8/15 30/9/15 30/9/15 31/12/15	Final contract clarification underway with and without QIPP savings. GWH senior team reorganisation. More robust use of existing contract management regime.	3	4	12	new	2 Action Required	07/08/2015	James Slater	Ted Wilson

NHS Wiltshire CCG
High Level Risk Register

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								Likelihood	Consequence	Score					
6	6	C - 13/029	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.	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. Organisational Development Plan	Clear objectives set for all staff.	12/06/15	Project mobilisation underway. Monitoring in place via monthly finance and performance report and Group reviews. Q1 Workforce Report shows lower than expected compliance with objective setting.	3	5	15	⇔	2 Action Required	18/08/15	David Noyes	Debbie Fielding
10	7	W - 13/022	Regular periods of escalation across the Wiltshire Urgent Care whole system threatens to destabilise the Health and Social Care system, leading to poor outcomes for patients. Ongoing work focussed on GWH and RUH systems supporting 4 hour recovery plans for Q1. All sytems undertook the national "Breaking the Cycle" exercise and SAFER patient bundle flow. sharing learning and actions, and monitoring the projects funded through ORCP - managed through SRG.initiative	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 WWYKD Exec. Investigation of outlier specialities (gastro, cardiology, neurology).	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.		Routine monitoring remains in place. SRG Investment and Performance Dashboard developed 'System' running hot in late June / early July impacted by RUH bed closures for PPM. GWH ED perf improving Wiltshire DToC numbers good within all three acutes. - GWH and RUH impacted by other Swindon / BaNes volume Complexity of established x 2 UECN has potential impact on SRG autonomy NHSE issue of High Impact Intervention progressing. New ambulance and mental health high impact intervention issued for completion SRG self assessment and assuurance templates issued for completion by 7 September 2015.	3	4	12	⇧	2 Action Required	19/08/2015	Patrick Mulcahy	Jo Cullen
Not on report	8	W - 13/010	There is a risk that Mental Health (MH) acute provision becomes unaffordable when commissioning moves from a block contract to MH PbR. Also disaggregation of AWP block contract from April 2016 (notice from Bristol CCG). Risk of Bristol removing any "subsidy" to other CCGs or transfer of resource.	MH Payment Methodology Group set up to look at options. Reports back to AWP CQPM. Completed work and now monthly FIG meetings reporting to AWP CQPM	Continue to work with AWP and other commissioners to minimise the impact of MH PbR on mental health commissioning in Wiltshire	on going	Latest contract guidance has placed limitations on provider income and commissioner spend which may provide some assurance. Mental health Patment Methodology set up across all commissioners - met 23.4.1 regulary until July 15th. WCCG still over funding AWP based on the resource ampping and potential PbR methodolgy so worst case finance scenario is predicted to be remain as is for 2016/17. Decision required on how to contract with AWP in 16/17 and whether the CCG should rebase its contract value. EMT considered paper on 17th August. Commissioners meeting to agree contracting options on 27 August 2015.	2	5	10	⇔	2 Action Required	18/08/2015	Barbara Smith	Jo Cullen
5	9	W - 13/027	SWAST monthly and YTD performance continues to be below acceptable tolerances, leading to delayed response times.The increase in repsonse times has the potential to adversly affect clinical outcomes for Wiltshire patients. Apr to September shows every month for red 8 response below 75% with little likelihood of improvments going iinto winter with increased activity and acuity levels.	Bi monthly contract management and reporting, including delivery by SWAST of consolidated action plan	Continuing liaison with SWAST and monitoring of contract via lead and joint commissioners group	ongoing	Trust performance challenged through December - moniotored via daily reporting and IQPM meetings. Trust demand increasing, but awaiting local data. 15/16 contrat discussions underway Trust Red 1 performance achieved, with local improvement for Witshire only performance. Dispatch on Disposition continuing following Dh agrement. 14/15 Contract under plan (only CCG to achieve). 15/16 contract agreed 2015/16 performance monitored against plan. Commissioner response to Red 2 performance due to Dispatch on Disposition to NHSE SWAST / Commisioner workforce development workshop delivered Workforce challenges presented by SWAST to SRG. Ambulance DoD continues - local performance remains poor (15/16 trajectory agreed. Contract activity marginally over at M2 - awaiting M3 data Local perfromance data for M4 shows good position in contracted activity, local Red 1 against agreed trajectory on target, conveyance to Ed within usual perameters. DoD continues	2	4	8	⇔	2 Action Required	19/08/2015	Patrick Mulcahy	Jo Cullen

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8	10	W - 13/036	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.	Weekly DTOC telecomnferences. Paper to Clinical Executive on 11 March 2014.	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 18/08/2015 there were 5 DToCs although there is potential for this number to increase again if sufficient care home / alternatives / cross borders issues are not in place.. A review of DToC activity from December 14 - March 2015 shows that the number of DToCs has declined as a result of all parenters working together and improving processes. An action plan has been agreed between the CCG, Wiltshire Council and AWP have developed business cases for the expansion of the Care Home Liaison services that was approved by the JCB and funding agreed by the governing body on the 21st July 2015 together with funding for 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. S117 process and decision making tool agreed in April 2014. Meeting withLA scheduled to ensure that all S117 panels are in place and cases are being referred in line with guidance.	3	5	15	⇩	2 Action Required	18/08/2015	Barbara smith / Dina McAlpine (for S117)	Jo Cullen
9	11	Q - 13/001	Large number of retrospective claims received for CHC funding, potential financial consequences impacting on financial resources of CCG.	Provisions created in PCT 2011/12 and 2012/13 Annual Accounts for potential retrospective claims. Cut off dates of 30/09/12 and 31/03/13 Additional staffing resources brought in to handle retrospective claims.	Review of submitted retrospective claims identifying those patients that are alive, deceased and previously considered; Investigation of claims; Decision on eligibility. Legal advice sought for independent review decisions. CHS employed to clear backlog by end of March 2015.	31/03/15	August 2014 104 retrospectives are outstanding with additional staff required until Mar 15. October 14 97 cases remain for processing at Checklist stage with potential for full assessment 65%. Majority of these cases are legacy PCT cases pre-2013. December 14 95 cases being managed by Care Home Selection with expectation to assess by year-end. May 15 CHS have been unable to review and make recommendations on all assigned retrospective claims, however, 50 have been screened out at checklist with the remainder moving to full assessment. 8 Family meetings have taken place with 24 booked for May and 10 for June. Joint decision meetings are planned for June to complete cases. Interim cover extended for 3 months to complete retrospective decision meetings. June 15 of 96 retrospectives, 46 have been screened out, 44 have proceded to full assessment, 6 have yet to be assessed.	3	3	9	⇔	2 Action Required	14/08/2015	Teresa Blay/Sally-Anne Parry	Dina McAlpine / Simon Truelove
7	12	N - 14/022	We are required to meet the National diagnosis target for Dementia by March 2015. Should the CCG not achieve this, patients may not receive the care that they require.	QOF dementia register LES for early diagnosis DES for early diagnosis GP Lead in each Group Practice coding audits	Sharing of AWP memory services lists Practices audit of SUS data to practice lists (with support from AT)	30/04/15 30/04/15	Ongoing work through LES and DES. Continually reinforcing activities that practices can undertake. Liaison with NHS England. NHS England has reviewed denominator figure that drives compliance percentage that improves the rate for WCCG. Figures for 2015/16 not available until July 2016. Figures now not available until Sept/Oct. Revised known figure estimated in April of 61.5%	5	2	10	⇔	2 Action Required	06/08/2015	Barbara Smith	Ted Wilson
Not on report	13	W - 14/043	An increased volume of cancer 2 week wait referrals referrals expected as a result of (1) be clear on cancer national campaigns (breast cancer women over 70, Aug 2015; further campaign details not yet known); local authority-sponsored monthly campaigns (impact not currently known); new NICE guidance to be issued 23/6/15 expected to result in increased referrals (15/16 versus 14/15) for: - colorectal cancer 23% (8% annual growth plus 15% due to NICE guidelines change) - lung cancer 34% ((19% annual growth and 15% NICE guidance change) - urology 23% (8% annual growth plus 15% NICE guidance change) Two risks: (1) specialties unable to continue to achieve 2ww, 31 and 62 days cancer targets; (2) non-cancer waittimes pushed out and achievment of RTT further compromised	Contract Performance Meetings and KPI reports on performance	Contract Performance Meetings to review achievement and trends alongside known operational issues and demand pressures, and where required set in place Redmial Action Plans with relevant providers.	on going		3	4	12	⇩	2 Action Required	14/09/2015	Lucy Baker	Mark Harris

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Previous Position	Current Position	Risk Ref	Risk description including the effect of the risk	Existing controls	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					
Not on report	14	Q - 15/030	Risk of exceeding CDI objective set by NHS England for 2015/16 of reporting no more than 103 CDI in patients registered with a Wiltshire GP leading to the CCG not meeting its quality premium.	All providers are required to follow national best practice guidance as detailed in Clostridium difficile infection: How to deal with the problem (DH 2009); All Acute Trust are required to participate in DH mandatory CDI reporting system and to report cases of CDT-positive diarrhoea in patients over 2 years of age; All providers of commissioned services are required to investigate (RCA) all post 72 hour cases of CDI and implement action plans to rectify any lapses in patient care; WCCG Infection Prevention nurses undertake enhanced surveillance on all pre 72 hour CDI identified in patients registered with a Wiltshire GP; CDI rates are monitored at monthly CQRM and reported in monthly Quality report; Critical friends visits have been carried out in two acute trusts, written reports including recommendation for changes in practice have been sent to provider organisation; Formulary pharmacist contacted and provided antimicrobial prescribing data to GP practice regarded as outliers for antimicrobial prescribing.	1.Set up CDI task and finish group to review strategy and develop action plan on CDI; 2.Arrange Critical friends visit to remaining acute trust; 3.Secure resource to support GP outliers regarding antimicrobial prescribing.	1.31/8/15 2.31/8/15 3.31/8/15		3	3	9	new	2 Action Required	17/08/2015	Helen Forrest	Dina McAlpine
Not on report	15	C - 15/040	The CCG has agreed a challenging 5 year plan. There is a risk that CCG staff will not fully implement the project management approach and the associated discipline which in turn will affect the delivery of the organisation's business objectives.	Directors for each Group/Directorate responsible for the delivery of the objectives in the 5 year plan. Group staff, as project managers, report to Directors. Governance arrangements have been defined for programme management. and examined by Internal Audit. Progress monitored at monthly meeting. Progress reported monthly as part of Integrated Performance Report.	Directors required to allocate Project Managers to produce detailed plans.	30/04/15	The staff restructuring will impact upon the allocation of projects. 1.6.15 Project methodology is required as per JDs of staff incolved in the restructure. PMs are being identified though the division of responsibilities may need to be reset post staff reorganisation. DPPCS and CFO to premeet in advance of the internal performance meetings. 17.8.15 Reorganisation will now be completed by mid september. Portfolios of those affected are being develoed by Directors. Projects are to be included with the portfolios.	3	4	12	⇔	2 Action Required	18/08/15	Rob Hayday	David Noyes
Not on report	16	S - 14/026	A combination of risks particularly in relation to the ability of GWH physio services to deliver the required changes for the interim MSK service for early adopter sites have become significant issues and have resulted in an inability to agree a reliable start date which will impact on the MSK Programme.	Project Risk Register Contract Management Programme Board Revised data summary and CCG assumptions provided to GWH 23/7/15.	1. Meeting to review all issues raised by GWH response to revised data summary and CCG assumptions & agree way forward; 2. Review contingency plan & financial risk; 3. MSK Board to approve recommended decision (Extraordinary meeting set up if required).	1. 31/8/15 2. 20/8/15 3. 29/9/15	GWH response to revised data summary and CCG assumptions due 14/8/15.	4	5	20	new	2 Action Required	05/08/2015	Jill Whittington	Mark Harris
Not on report	17	C - 15/042	The existing Commissioning Support arrangement ceases on 31 March 2016 with NHSE direction that no further extension to current arrangements being allowed.This may lead to there being no commissioning support arrangements in place.	Governing Body agreement to pursue collaborative arrangements with Gloucestershire CCG, Swindon CCG and BaNES CCG using the Lead Provider Framework (LPF).	Regular LPF Steering Group meetings - completion of revised service specifications, adherence to process timeline agreed with Governing Body.	28/08/2015	Governing Body agreed way ahead, collaborative agreement signed regarding LPF CSU steering meeting. Service specifications review almost complete. Process on track for successful mobilisation.	3	4	12	⇔	2 Action Required	07/08/2015	David Noyes	David Noyes
Not on report	18	S - 13/012	There is a risk that the planned changes to Vascular Services by Specialist Commissioning will have an adverse affect on other services and existing provider outcomes for these services as well as to the reputation of the CCG.	Contract Performance Meetings Collaborative Commissioning Meeting with Specialist Commissioners	1) Specialist Commissioning to lead mapping of interdependencies and agree mitigations before implementation of new specification and h=ub and spoke models. 2) CCG to ensure activity is attributed to Specialist Commissioning. 3) Contract performance meetings to register issues that arise in each of the three main acute contracts,	Ongoing	1) Discussions ongoing between providers relating to SFT and RUH. 2) Activity checked at GWH and contract query prepared.	3	4	12	⇩	1 Risk Accepted	14/09/2015	Jill Whittington	Mark Harris
Not on report	19	C - 15/039	The CCG wishes to undertake restructure which will involve changes to portfolios attributed to Directors and staff. This will require consultation and will require due process to be followed in line with the Organisational Change Policy as staff will be affected . It will take time to complete once the structure is defined and agreed. During the same time, the CCG must progress the implementation of plans to deliver agreed QIPP schemes to assist the CCG achieve its financial targets. This requires the allocation of staff resources to individual projects. Due to staff changes and the organisational restructuring plan there is a risk that QIPP delivery may be affected..	Legacy organisational change policy sets out requirements for management of change. Plan for change drafted with HR input and discussed at EMT. QIPP schemes identified and attributed to Directors with progress monitored through IPR Post job descriptions written and confirmed by banding panel. Staff Involvement Forum created; Consultation launched 7 May 15 with draft structure, closed 8 June 15.	C. Prompt identification and brief of project managers (even if temporary) by Directors to complete activities to develop and deliver QIPP schemes by milestone dates.	30/04/15	Consultation launched 7 May 15 with draft structure, closed 8 June 15. All staff meeting to be held 22 June 15 to feedback on consultation. 17.8.15 Reorganisation will now be completed by mid September. Portfolios of those affected are being developed by Directors. Projects are to be included with the portfolios.	4	3	12	⇔	2 Action Required	18/08/15	David Noyes	Debbie Fielding