NHS
Wiltshire
Clinical Commissioning Group

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

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

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

Agenda Item and title:	**GOV/15/11/17 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 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 ten risks for the high level risk register for consideration by the Governing Body. All risks on the full risk register have been reassigned to reflect the new Directorate structure.
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 November 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	30/10/2015	**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; Contract 'capping' arrangements.	Governing Body members receive Integrated Performance Report on a monthly basis; .	None	Monitor confirmation of continuing licence for GWH	30/10/2015	**David Noyes / Group Directors**			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; Governing Body meetings held in public at various locations around Wiltshire; Active involvement of Healthwatch; Acknowledgement of petitions; Equality & Diversity Strategy; Stakeholder Assembly November 2015;	Locality Stakeholder days; Public consultations on developments; Healthwatch feedback.	None	None	10/11/2015	**David Noyes**			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 management received by AAC.	Completion of project workbooks with agreed milestones.	None	30/10/2015	**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; Contract 'capping' arrangements; Financial Recovery Plan.	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.	Monitoring of FRP performance.	30/10/2015	**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	30/10/2015	**Simon Truelove / Dina McAlpine**			Amber	

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan November 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
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) commenced 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.	30/10/2015	**James Roach**	Reducing inefficiencies or duplication of roles or tasks across the system through pathway analysis.	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; Audit of Better Care Plan.	Resource allocation confirmation.	30/10/2015	**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; Workforce report; Restructured directorates.	Staff survey results; Workforce report (turnover, sickness absence and objective setting data) to Governing Body on quarterly basis.	Skills audit; Central oversight of PDP to steer training.	Resource to outcomes efficiency monitoring.	30/10/2015	**David Noyes**	Completion of appraisals/objective setting/PDP for 15/16; Re-focus of Learning & Development arrangements.	Jun'15 Jan'16 (Imp Apr'16)	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	30/10/2015	**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	30/10/2015	**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.											
G.01	Increased winter activity impacting on provider performance	Winter planning arrangements; Communications plan.	Monthly Integrated Performance Report to Governing Body.	Winter communications campaign.	None	30/10/2015	**David Noyes**	Launch of winter communications campaign.	Nov'15	Green	

NHS Wiltshire CCG
High Level Risk Register (EMT)

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 Likelihood	Consequence	Score	Change in score	Status	Last Review Date	New Operational Lead	New Exec Lead
1	1	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 is reporting a surplus of £0.7m which is a deterioration in the financial position of £4.8m. The CCG has produced a FRP in order to recover the financial postion. Project plans with clear milestones have been produced to support the delivery of the FRP. These projects will be monitored by the EMT and the finance committee	4	5	20	⇔	2 Action Required	22/10/15	All Directors	Debbie Fielding & Simon Truelove
		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. 20.10.15 FRP is now live with additional schemes underway. EMT receive fortnightly update on FRP schemes which use the the PMO methodology. This will drive improved use.	5	5	25	⇔	2 Action Required	20/10/15	David Noyes	Debbie Fielding
2	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	22/10/15	All Directors	Debbie Fielding & Simon Truelove
3	3	A - 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

NHS Wiltshire CCG
High Level Risk Register (EMT)

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	New Operational Lead	New Exec Lead
								Likelihood	Consequence	Score					
4	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; Workforce Action Group (WAG) commencing September 2015 (every 2 months) looking at operational collaborative solutions concentrating on efficiency, learning & development and recruitment .	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. Homefirst proof of concept will begin on 16 Nov'15 in some parts of Salisbury.	4. 31/8/15 5. 31/3/16	Health & Social Care workforce strategy under development. Established a Wiltshire Institute of Health & Social Care. HESW and JH have presented to Health & Wellbeing Committee. JH has attended some workshops and HEW meeting forger stronger links. WAG met in September and will meet every 2 months as a wider system wide group with additional smaller meetings on particular projects; Homefirst proof of concept is starting 16.11.15 in some parts of Salisbury which has workforce implications. Starting a project looking at how the voluntary sector/communities and their commissioners can work differently and help with support for people in their localities Continue to develop stronger links between Wiltshire and HE SW and HE Wessex and participating in a wider group looking at more strategic workforce planning in the south west	4	4	16	⇔	2 Action Required	28/10/15	Jenny Hair	James Roach / David Noyes
5	5	A - 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	⇔	2 Action Required	07/08/2015	Lucy Baker	Mark Harris
13	6	A - 14/043	Increased cancer 2 week referrals (15/16 versus 14/15) expected as a result of (1) 'Be clear on cancer' national campaigns; (2) local authority-sponsored monthly campaigns; and (3) NICE guidance issued in June 2015. 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, resulting in delays in treatment against national requirements.	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 remedial action plans with relevant providers.	on going	SFT breached cancer 2ww and breast cancer 2ww targets, in M5. Contract notice, requesting remedial action plan, issued October 2015. Performance against remedial action plan to be kept under review. Year to date, GWH has not breached cancer waiting targets. RUH breached breast cancer 2ww target in M3, and cancer 2ww target in M4, and M5. Remedial action plan devised, and performance against this monitored at monthly contract review meetings. Principle reason for cancer 2ww breaches identified as patients not making themselves available. Patient leaflet issued to all GP practices (covering the patients of all 3 trusts) in October 2015.	5	4	20	⇔	2 Action Required	03/11/2015	Katy Hamilton Jennings	Mark Harris
Not on report	7	P - 15/024	There is a risk that we do not have whole system operational resilience and capacity over the winter period. The CCG SRG is the Group for providing assurance to the Governing Body (and NHS England) over the preparedness and progress on identified actions, such as high impact interventions and capacity plans over the winter period. The plans model capacity (workforce, beds etc) against predicted demand for the whole system (ie all providers - acute, primary care, community and social care). Specific risks have been identified for domiciliary care provision across the period which could adversely affect the flow through the system (i.e. delayed discharges), and staffing ratios for NHS 111 which could adversely affect the impact on the front door with high levels of disposition to ED and 999. GP workforce for the OOH service is also a critical factor.	The SRG meets monthly and reviews all capacity plans and provides assurance on the preparedness for winter. A series of templates are reported through NHSE on 4 recovery plans for RUH and GWH, high impact interventions (including ambulance and mental health), and winter plan assurance (to include additional capacity and plans over the bank holiday periods, flu programme, cold weather plans and communications plan based on the national NHS plans). The CCG are producing a Winter Plan to pull this together to report to SRG, and will report to Governing Body monthly.	The SRG needs sight and assurance of the preparedness for winter and the progress on actions being taken by key providers to mitigate risks. Capacity management plans produced and taken to SRG. SRG next meets 19.11.15 which first draft Winter Plan pulling in the critical staffing rotas from identified high risk areas (H2LAH, 111 and OOH).	19/11/2015	A whole system event was held jointly with BaNES CCG on 20.10.15 to review provider plans. A draft Winter Plan is being prepared.	4	5	20	new	2 Action Required	03/11/2015	Patrick Mulcahy	Jo Cullen
Not on report	8	Q - 15/028	Lack of implementation of agreed joint procedure to determine funding agreement for new s117 patients and the review of existing patients to reflect changes in care needs which may result in the CCG failing to meet its statutory obligations and the incorrect apportionment of costs between the CCG and the Local Authority.	Specialist Placement (s117) Panel (SPP) with agreed Terms of Reference. Joint process for s117 care plans to determine financial split.	Meeting to engage with Local Authority representatives to also include legal advice for CCG regarding the implications of the Care Act 2014 and the NHS statutory responsibilities.	30/12/15	s117 policy drafted as result of 2014 steering group attended by Local Authority and CCG staff. No Panels currently arranged. Service Director, Commissioning, Procurement and Strategy, contacted 26 May 2015. Meeting arranged for 6 August 2015 to review three cases using the existing care plan approach. October 2015 - S117 panels have re-commenced but still no further agreemnt regarding the definition of a health task and social care task- awaiting further meeting with legal advice.	3	4	12	⇔	2 Action Required	23/10/2015	Dina McAlpine	Dina McAlpine

NHS Wiltshire CCG
High Level Risk Register (EMT)

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: Likelihood	Consequence	Score	Change in score	Status	Last Review Date	New Operational Lead	New Exec Lead
9	9	P - 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 Local performance for M5 shows deterioration in performance	3	4	12	⇧	2 Action Required	26/10/2015	Patrick Mulcahy	Jo Cullen
7	10	P - 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. UECN (Severn and Wessex) in place and stocktake of services template completed NHS111 floorwalker model improving ambulance disposition performance SWASFT contract over planned for M6 YTD provider escalation workshop undertaken - awaiting SFT winter plan following trust exec sign off	3	4	12	⇔	2 Action Required	26/10/2015	Patrick Mulcahy	Jo Cullen

1 Risk Accepted
2 Action Required
3 Closed

A: Clinically led integrated delivery of community based care.
B: Right services, right place, right time.
C: Public and practice engagement.
D: Efficient, appropriate and sustainable use of resources for effective healthcare.
E: Responsive and clinically led collaborative organisation.

F: Enhanced Quality and Safety of Services.

G: Encourage and support population to manage and improve their own health and wellbeing.

new