

Community, MH and LD Risk Report

Reference:	CJ - 16/042
Entry Date:	16/04/2013
Review Date:	20/10/2017
Risk Status:	Action Required

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ô - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	5	4	20		4	4	16	↓		2	4	8

Executive Lead:	Ted Wilson, Director of Community Services & Joint Commissioning
Operational Lead:	Georgina Ruddle, Joint Commissioner
Overseeing Committee:	Clinical executive
Risk Source:	Performance Meetings - W - 13/011

Risk Description (including the effect if the risk):
There is a risk that - the ability of AWP to delivery effective, safe, quality MH services is impacted by their current poor workforce recruitment position. Staff turn over rate is 14% - which is consistent with the position over the last 3 months. Vacancy rate 22% (Trust average 15%). Fill rate (inclusive of bank and agency 97%. AWP reporting of recruitment and retention has changed this month, with AWP stating they will only provide the level of detail they are contractually required to report.

Existing Controls / Assurance:
 Wiltshire Focus Recruitment and Retention Improvement Plan (reviewed through monthly Local CQPM);
 Workforce Strategy Group (agreed ToR);
 Local CQPM Contract Governance Structure;
 AWP Wiltshire establishment monthly report - now presented as a section within the monthly performance report, with less detail provided.

Actions required to mitigate risk:	Due Date	Progress against actions:
Monitor implementation of actions in AWP Wiltshire CCG 'Recruitment & Retention improvement plan V11 Aug'17' - October 17,	31.10.16 30.09.17	<p>October: Workforce strategy group has been discontinued by AWP, no clarity as to whether this will recommence. Reported that internal working groups remain in place. Review of R&R through monthly local and Trustwide CQPMs.</p> <p>The Workforce Strategy Group agreed to focus on 3 work streams: Workforce; Recruitment; Talent Management and a plan was developed to encompass these workstreams. Wiltshire CCG now receive a robust monthly Wiltshire AWP establishment report and an update of their recruitment and retention progress. It was decided during Oct AWP CQRM pre-meet that it would be more beneficial to have commissioning attendance of the Trustwide Workforce strategy meeting to ensure there is a direct forum to feedback or escalate workforce issues to AWP executive team, and promote the need to address Wiltshire workforce issues to the Trust. This is now in place with an MH Commissioner attending the monthly meeting.</p> <p>August CQPM: The vacancy level for substantive staff in month 3 was 23.3% [128.66wte], an improvement over month 2. Fixed term contracted temporary staff reduce this vacancy factor to 12%. Use of ad-hoc temporary staff shows a total level of staffing at 93%</p> <p>Current recruitment activity shows that Wiltshire has 86.63 WTE posts currently in progress within the recruitment process. We have offered posts to 45.4 WTE, 24.5 WTE of whom are external candidates to AWP. 26 of these people have had start dates to commence work with Wiltshire services on or before the 31 July 2017. there are another 19.6 WTE who are still in the pre-employment checks part of the process so no start date has yet been given.</p>

Position on previous Governing Body report:	1
Suggested position for this Governing Body report:	1

Primary & Urgent Care Risk Report

Reference:	P - 17/046
Entry Date:	29/08/2017
Review Date:	02/11/2017
Risk Status:	Action Required

New

Risk Rating Abbreviations	Movement Symbols
L - Likelihood C - Consequence T - Total	These are contained within the movement drop down list. ó - No change ñ - Increase ô - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	Tracey Strachan, Deputy Director of Primary Care
Overseeing Committee:	Clinical Executive/PCJCC
Risk Source:	Operational Risk

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16			2	3	6

Risk Description (including the effect if the risk):

Vulnerability of practices - increasing numbers of practices under pressure from vacancies and sickness and unable to recruit. High levels of stress and sickness amongst clinical staff working long hours. Risk to quality of service to patients and patient safety. Risk of increased activity in secondary care in both planned and urgent care services as knock on effect of use of locums and patient access difficulties. Financial impact for practices and CCG through locum top-up and other support and knock on impact on neighbouring practices (through having to pay higher locum fees and scarcity of locums). £60k resilience support from NHSE but forecast cost of circa £362k. Continued recruitment issues or withdrawal of CCG support could cause practices to give notice on their contracts - one practice closed in September 2017. CCG responsibility to ensure services available to patients and may need tender new contracts and potentially contract for interim cover.

Existing Controls / Assurance:

CCG working with LMC and individual practices to support. Locality plans being developed and proposal for increased project management in localities being drawn up. Regular review of impact of resilience work in practices. Monthly GPFV/GP Resilience board. Resilience Oversight Panel being developed. Support for practice mergers where agreed. Governing Body approved release of £200k GMS reserves to support resilience programme.

Actions required to mitigate risk:

Continuous assessment of practice risk.
Continued support as per agreed principles.
Development of exit strategy for support - including alternative provision.
Development of county wide provider organisation and potential risk sharing.
Continued and enhanced support to locality working.

Due Date
31/12/2017

Progress against actions:

Ongoing GPFV/resilience meetings.
Developing agreements to match fund project management at locality level.
Practice provider organisation being developed.
Update Paper taken to Governing Body September 2017 and approval for funding from GMS Reserves for 17/18

Position on previous Governing Body report:

2

Suggested position for this Governing Body report:

2

Primary & Urgent Care Risk Report

Reference:	P - 16/044
Entry Date:	Jul-16
Review Date:	02/11/2017
Risk Status:	Accepted

Risk Rating Abbreviations	Movement Symbols
L - Likelihood C - Consequence T - Total	These are contained within the movement drop down list. ó - No change ñ - Increase ô - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	4	8

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	Patrick Mulcahy, Associate Director of Urgent Care
Overseeing Committee:	Local Delivery Board
Risk Source:	

Risk Description (including the effect if the risk):

Ongoing operational pressures and challenges, and regular periods of escalation across the Wiltshire Urgent Care whole system threatens to destabilise the health and social care system, leading to less timely treatment and poor outcomes for patients and non achievement of the constitutional targets for 4 hours (and knock on effect for RTT) and now specifically ongoing Winter Resilience Planning across whole system with STP wide Winter Plan developed and submitted. NHSE/NHSI assurance and monitored through LDB - to maintain performance over winter: ED performance, patient safety, and elective care.

Existing Controls / Assurance:

STP Winter Resilience Plan (including Flu Plan) submitted and ongoing assurance process NHSE/NHSI

Monthly Local A&E Delivery Boards (previously System Resilience Groups) (Wiltshire for SFT, Bath and North East Somerset for RUH and Swindon for GWH) examining strategic level actions and assurance - responsible for ED performance over winter

South system facing - weekly Senior Decision Makers meeting at SFT: developing map of capacity and additional coming on line: developing daily capture tool for capacity

ORCP funding targeted to manage patient flow through the hospital to assist A&E target delivery;

Monthly contract performance review meetings and 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. System wide escalation process in place - now reflecting new national guidance.

Actions required to mitigate risk:

Agreed escalation process in place with CCG support x 3 acutes as required.

Due Date

Progress against actions:

Winter Resilience Plan v9 submitted and received NHSE/NHSI ongoing assurance responses

Weekly Winter Planning leads call (all commissioners and providers across STP)

South System focus on weekly Senior Decision Makers meeting; capacity mapping: daily capture tool for WHC, Medvivo, Wiltshire Council, Care Homes

Discharge / Break the System event planned 14th November at SFT

OPEL response and escalation reporting to NHSE on variation of status at OPEL 3 and 4 in place

Monitoring of Trust and system OPEL status in place and escalation processes enacted as necessary

Monitoring of DTOC position in place with supportive action planning in place to assist patient flow

Position on previous Governing Body report:	3
Suggested position for this Governing Body report:	3

Acute Commissioning Risk Report

Reference:	A-15/062
Entry Date:	Jun-16
Review Date:	20/10/2017
Risk Status:	Action Required

Risk Rating Abbreviations	Movement Symbols
L - Likelihood C - Consequence T - Total	These are contained within the movement drop down list. ó - No change ñ - Increase ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Andy Jennings, Head of Acute Commissioning
Overseeing Committee:	
Risk Source:	

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	5	4	20		4	4	16	↔		3	2	6

Risk Description (including the effect if the risk):
 The deterioration in Patient Transport Service (PTS) performance during 16/17 has resulted in a continuing and significant failure of service. With Acute trust Strategic Transformation Fund (STF) income now impacted by 4hr etc. performance, and PTS failures contributing to pressure on acute trust flow, this issue is becoming more high profile and may require further additional funding to resolve. Poor performance of the time activity also directly impacts on patient experience and CCG reputation and patient safety.

Existing Controls / Assurance:
 Monthly performance Data.
 Contract Key Performance Indicators
 Feedback from Trust at TWG's

Actions required to mitigate risk: - Improved system effectiveness between Arriva Transport Solutions Ltd (ATSL) and trusts. - Additional funding required to at least maintain current performance and prevent deterioration. - CCGs working pan SW to develop common, revised, eligibility criteria and process. Expected to reduce total demand slightly, once implemented. - CCGs working pan SW to develop common patient eligibility assessment using Somerset CSU instead of, in our case, the PTS provider. Expected to lead to slight reduction in demand. - CCGs preparing to start process of providing of procuring new provider if agreement cannot be reached with ATSL regarding contract criteria. - B&W CCGs co-sponsoring a project at RUH to record all on-day activity whether PTS contract or other, to identify full picture of need, and jointly consider with RUH possible better way to deliver this activity - potentially reducing impact of on-day activity on PTS service.	Due Date 30.11.17	Progress against actions: - CCG committing additional £369K p.a. from 13 Feb 17 to put ATSL into non-loss-making position. - CCG committed funding for additional discharge support vehicle at each trust initially from 6 Dec to 10 Feb, now extended to 31 Mar 17, total cost c.£110K (expensive resource for number of journeys completed). - Trusts continue to be engaged with, to improve pre-planning, and reduce some trust-generated inefficiencies. - ATSL continue to be engaged with, to improve coordination with trusts. - Additional actions were agreed between CCG AOs/DoFs and ATSL to enable further service improvements/efficiencies and are being pursued vigorously by commissioner leads.
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Position on previous Governing Body report:	4
Suggested position for this Governing Body report:	4

Corporate Services Risk Report

Reference: C - 14/038

Entry Date: 23/02/2015

Review Date: 08/11/2017

Risk Status: Action Required

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total

Movement Symbols

These are contained within the movement drop down list.

◊ - No change
ñ - Increase
◊ - Decrease

Risk Rating

Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	3	6

Executive Lead:	Mark Harris, Chief Operating Officer
Operational Lead:	Jenny Hair, Workforce Lead
Overseeing Committee:	EMT
Risk Source:	Audit of workforce capacity across Health & Social Care system

Risk Description (including the effect if the risk):

Lack of appropriately skilled staff across the health and social care system due to difficulties in recruitment, national staff shortages, transformation of model of care 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.

Existing Controls:

1. Each organisation monitoring key workforce gaps and taking remedial action eg overseas recruitment. System wide workforce capacity audit undertaken Feb 15 and May 16 and Nov 17. Patient outcomes in terms of quality and patient flow data collected and monitored by system, BCP dashboard.
2. Health Education England workforce planning;
3. Gap analysis;
4. UWE courses for community and primary care staff in place.
5. Workforce Action Group (WAG) commenced September 2015 (every month) looking at operational collaborative solutions concentrating on efficiency, learning & development and recruitment.
6. Strengthened links with HESW and HEW including attendance at their Membership Council.
7. Workforce workstream one of key enablers in STP design.
8. Community Education Provider Network developing.
9. Outline Wiltshire Workforce Strategy 2016/17 in place.

Finance & Informatics Risk Report

Reference:	F - 17/016
Entry Date:	01/06/2017
Review Date:	30/10/2017
Risk Status:	Action Required

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ô - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		3	3	9

Executive Lead:	Steve Perkins, Chief Financial Officer
Operational Lead:	Simon Yeo, Estates Advisor
Overseeing Committee:	Finance and Performance Committee
Risk Source:	

Risk Description (including the effect if the risk):
 Wiltshire CCG has undertaken a strategic healthcare planning (SHP) for North Wiltshire (focussed on Chippenham, Melksham and Trowbridge) with a view to redesigning the community estate and addressing the primary care space gap that is predicted by 2026. There is a risk that the scale of challenge may not be fundable and that any solution would see an increase in the programme costs of the organisation (which would need to be funded from allocation growth).

Existing Controls / Assurance:
 The SHP has been finalised and is being used to inform a strategic outline case (SOC) for consideration by the Governing Body to determine the way forward. The programme of work is monitored via the estates steering group.

Actions required to mitigate risk: The Governing Body has confirmed the direction of travel required for the Strategic Outline Case. Further work will now commence to develop and Outline business case in order to quantify the financial challenge and identify potential funding sources including through STP streams.	Due Date 30.04.18	Progress against actions: A capital bid was submitted via the STP earlier in 2017/18 - a revised value for money return is being completed in September to support an application against wave 2 funds. A paper will be taken to the Governing Body outlining the resource requirements to advance the OBC and to request support for this which will enable scoping of funding streams and benefits. The community hospital recommended in the SOC has now been paused whilst a county wide exercise is undertaken. The OBC for the Trowbridge project is anticipated to be ready for the January 2018 Governing Body.
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Position on previous Governing Body report:	7
Suggested position for this Governing Body report:	6

Community, MH and LD Risk Report

Reference:	CJ-17/051
Entry Date:	20/10/2017
Review Date:	03/11/2017
Risk Status:	Action Required

New

Risk Rating Abbreviations L - Likelihood C - Consequence T - Total	Movement Symbols These are contained within the movement drop down list. ó - No change ñ - Increase ô - Decrease
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Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16			2	4	8

Executive Lead:	Ted Wilson
Operational Lead:	Georgina Ruddle
Overseeing Committee:	Mental Health and Disabilities JCB
Risk Source:	

Risk Description (including the effect if the risk):
 There is a risk that - A lack of consistent and therefore quorate Mental Health GP Lead review and representation at the MH Exceptions Panel is causing MH exceptions referrals to breach the 40 day review period leaving the CCG liable and vulnerable to challenge by the referring GP and/or the patients referred. For cases where the exceptions request has been declined this could result in the decision being changed and therefore additional costs to be incurred by the CCG. There is also a significant reputational damage risk should this failure result in an external complaint which has the potential to be significantly escalated. This results in numerous attempts by the Commissioning lead to seek a review response electronically by MH GP Leads, which despite escalation to Associate Director and Director has not resulted in a response.

Existing Controls / Assurance:
 Consistent failed requests at all levels for timely clinical lead input
 Attempts to schedule exceptions meetings to suit a range of clinical leads diaries and schedules
 Attempts to arrange for virtual submissions

Actions required to mitigate risk: Recognition by clinical leads of the importance of responding to requests for clinical input to exceptions Clarity of the expectations of clinical leads in their clinical lead role.	Due Date Oct 17	Progress against actions: Escalated to EMT through Director
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Position on previous Governing Body report:	Not on report
Suggested position for this Governing Body report:	7

Community, MH and LD Risk Report

Reference:	CJ-17/050
Entry Date:	24/10/2017
Review Date:	03/11/2017
Risk Status:	Action Required

New

Risk Rating Abbreviations L - Likelihood C - Consequence T - Total	Movement Symbols These are contained within the movement drop down list. ó - No change ñ - Increase õ - Decrease
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Risk Rating Refer to risk matrix tab when recording Likelihood and Consequence scores.
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Executive Lead:	Ted Wilson
Operational Lead:	Myfanwy Champness
Overseeing Committee:	EMT
Risk Source:	Audit Report

Initial Score	L	C	T
	3	5	15

Current Score	L	C	T	M
	3	5	15	

Target Score	L	C	T
	1	5	5

Risk Description (including the effect if the risk):
 There is a risk that -The CCG is failing in its responsibility to commission and oversee care to meet the needs of its patients. Should a commissioned package of care not meet a patient's needs and this impacts on the safety or wellbeing of the patient, the CCG would be responsible and accountable. Delegation of assessment to the provider has resulted in an unacceptable degree of 'distance' between commissioners and the packages of care which are ongoing and any new referrals coming in. There is a lack of compliance with the Children's CHC national framework and process for families, providers and commissioners to follow at key stages in the process such as referral, assessment, decision making around eligibility and establishment of care packages.

Existing Controls / Assurance:
 Existing referral for CHC is going through the adult CHC process until an appropriate children's governance structure can be established. An options paper has been produced to consider ways in which the CCG might respond to this risk and develop a compliant children's CHC commissioning model in the future.

Actions required to mitigate risk: A review of existing packages of care will need to be undertaken to ensure that they are appropriate and that the CCG has the necessary oversight to assure itself that patients are receiving care of the correct standard. CCG to consider ways in which it might take back responsibility from the provider for assessments (options paper) Process and care package documentation to be developed which is compliant with the continuing care framework The CCG must consider ways in which it might provide further clinical oversight into the assessment and decision making process	Due Date Nov 17	Progress against actions: Internal audit report completed in Oct 17 and actions identifies and agreed Internal CCG review of CHC procedures completed Oct 17 Options paper to be taken to EMT 6th Nov to agree approach.
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Position on previous Governing Body report:	Not on report
Suggested position for this Governing Body report:	8

Acute Commissioning Risk Report

Reference:	A-17/070
Entry Date:	Jun-17
Review Date:	20/10/2017
Risk Status:	Accepted

Risk Rating Abbreviations	Movement Symbols
L - Likelihood C - Consequence T - Total	These are contained within the movement drop down list. ó - No change ñ - Increase ô - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		3	4	12	↓		2	2	4

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Andy Jennings, Head of Acute Commissioning
Overseeing Committee:	RTT Steering Boards and CRM
Risk Source:	

Risk Description (including the effect if the risk):
The CCG will not deliver the constitutional cancer targets - particularly two week wait breast symptomatic performance. There is a risk that 62 day performance will not be delivered consistently.

Existing Controls / Assurance:
Performance monitoring via RTT delivery and steering groups escalated to CRMs as required.
- GWH remedial action plan.
- RUH remedial action plan.
- Performance review at contract review meetings.
- Additional funding confirmed for GWH and SFT to support 62 recovery through to 31.10.17.

Actions required to mitigate risk: Deliver actions detailed in agreed Trust remedial action plans.	Due Date: 30.11.17	Progress against actions: Remedial action plans monitored monthly.
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Position on previous Governing Body report:	6
Suggested position for this Governing Body report:	9

Quality Risk Report

Reference:	Q - 16/035
Entry Date:	27/02/2017
Review Date:	19/10/2017
Risk Status:	Accepted

<p>Risk Rating Abbreviations</p> <p>L - Likelihood C - Consequence T - Total</p>	<p>Movement Symbols</p> <p>These are contained within the movement drop down list.</p> <p>ó - No change ñ - Increase ò - Decrease</p>
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<p>Risk Rating</p> <p>Refer to risk matrix tab when recording Likelihood and Consequence scores.</p>

Executive Lead:	Dina McAlpine, Director of Quality
Operational Lead:	Fiona Ballard / Alison West
Overseeing Committee:	Q&CG
Risk Source:	Operational

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	2	4	8		3	4	12	↕		2	4	8

Risk Description (including the effect if the risk):
 GWH Emergency Department unable to provide assurance of patient safety. Actions agreed at the Single Item QSG such as SHINE checklist not embedded and NEWS audits sample small numbers of patients only. Quality risk profile tool completed with NHSE, NHSI & Swindon CCG. 12 hour trolley breaches occurring most weeks with additional patients outside of Discharge To Assess (DTA) waiting significant lengths of time in ED. Serious Incidents logged reflecting poor use of NEWS with deteriorating patients. Sepsis CQUIN not being met. GWH reliant on 50% temporary staffing of Emergency Department. These issues reflect concern that patient experience and safety is not assured which may lead to patient harm.

Existing Controls / Assurance:
 SHINE checklist
 NEWS audits
 Staffing profile
 NHSI involvement
 GWH ED Dashboard presented to ED Delivery Board (Jun'17) and CQRM (Jul'17)

Actions required to mitigate risk:	Due Date	Progress against actions: ED dashboard in place and utilised by ED Team to enable them to identify actions and risks. This is shared at Board level. The number of 12 hour trolley breaches is being managed and there have been no recent serious incidents associated with ED and deteriorating patients. A CQC review was undertaken in March/April and reported on 4/8/17. Overall this gave a finding of Requires Improvement with the Urgent and Emergency service also requiring improvement. However, some improvements were identified in ED including training & supervision, incident reporting and caring. Urgent and Emergency received a rating of 'outstanding' for caring. Further improvement is needed to ensure that patient flow is maintained.
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Position on previous Governing Body report:	10
Suggested position for this Governing Body report:	10