

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan January 2018

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 continue delivering a clinically led model providing an enhanced range of high quality and integrated patient services within the community providing '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; Engagement with Sustainable Transformation Partnership (STP) Board; S75 agreement; Emergent Sustainable Transformation Plan (Dec'16); Joint working Group (agreed ToR). Interim joint structure for Community, Mental Health, learning Disabilities and Childrens Commissioning.	Governing Body minutes; Positive relationships at Health & Wellbeing Board; Assessment of Integrated Team performance summer 2016.	Joint OD Plan	None	29/12/2017	Interim Accountable Officer	Appointment of joint post for AO & Corporate Director/DASS. Section 75 agreement to set out governance in support of joint post. Operating Model developed for Integrated Community Teams Governing Body Paper detailing progress against NHSE draft integration business case.	2018 Feb 18 Complete Mar 18	Amber	Jointly agreed with Wiltshire Council to review progress again in Feb 18 due to complexity of governance and the level of detail required to support NHSE business case.
B. Commission and transform appropriate services to meet the needs of the local population and implementing NHS England's Five Year Forward View focusing on urgent and emergency care, primary care, mental health and cancer services											
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; Provider licensing by NHS Improvement.	Governing Body members receive Integrated Performance Report on a monthly basis. Monthly Contract Governance Forum with CSU.	None	None	29/12/2017	Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	No further action needed		Green	
B.02	Full delegated commissioning of Primary Care wef April 2017 with no transfer of staff or resources from NHSE.	Primary Care Commissioning Committee; NHSE documented arrangements; Update at Governing Body Mar'17; Discussion of risks at AAC Mar'17; Internal Audit of Conflict of Interests arrangements.	Internal Audit findings of governance and budget monitoring processes.	Delegation Agreement; CCG staff resource.	None	29/12/2017	Director of Primary Care & Urgent Care	Follow up of risks (within risk register) associated with transition of remaining services including finance. Business case for additional capacity dependent on above.	Q4 Q4	Amber	
C. Engage effectively with the local population to enable patients and carers to influence the services that we commission increasing our engagement with hard to reach groups.											
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 Event June 2017; Action plan to implement Communication and Engagement Strategy approved at Governing Body November 2016; PPG development work.	Locality Stakeholder days; Public consultations on developments; Healthwatch feedback; Internal audit of stakeholder engagement presented to AAC Nov'16.	Engagement Plan for STP	None	29/12/2017	Interim Accountable Officer	Engagement capacity review and business case. Engagement strategy produced.	Jan 18 Jan-18	Amber	

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D. Enhance and assure the quality, safety and experience of services by ensuring effective mechanisms are in place to set quality standards, monitor performance, address concerns and embed a culture of continuous improvement.											
D.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.	LHRP workplan and meetings; Community Risk Register; Involvement with EPRR exercise; Internal Audit and Business Continuity arrangements.	Refresh of CCG Business Impact Assessments (BIA)	None	29/12/2017	Chief Operating Officer	Undertake exercise to refresh CCG Business Impact Assessments (BIA)	Dec-17	Green	Rolling cycle of readiness exercises.
D.02	Provider organisations failing to provide harm free care to Wiltshire residents.	Contracts for commissioned services with quality schedule (for NHS and non-NHS providers); Clinical Quality Review Meetings (for NHS and non-NHS providers); Incident reporting requirement and mechanisms; CQC registration and review; Safety thermometer; Quality & Clinical Governance Committee; Oversight by Q&CG of CQC reports and safety notices; Quality visits; Thematic review of Emergency Departments (January '17)	Monthly Integrated Performance Report to Governing Body including patient safety information; Monitoring of SI data at Q&CG; CCG participating in surveillance for highlighted providers.	None	None	29/12/2017	Director of Quality	No further action needed		Green	
D.03	Implementation of the General Data Protection Regulations by 2018.	Information Governance Group; Primary Care Information Governance Group; SCW CSU Information Governance support; Existing Information Governance Framework; Information Governance Toolkit.	Information Governance Toolkit annual compliance assessment.	National NHS Guidance; GDPR compliance action plan; Assessment of current compliance against GDPR.	None	29/12/2017	Chief Finance Officer / Director of Quality	Actions to be undertaken on various aspects of GDPR once service specific guidance is provided via ICO/IG Alliance. PwC undertaking workshop in January 2018 to assess CCG readiness.	May 18 Jan 18	Amber	
E. Achieve a sustainable (in terms of performance and finance) health and care economy across Wiltshire and the Sustainability and Transformation Partnership footprint optimising appropriate use of resources for the delivery of effective services to address the efficiency, quality and health and well-being gaps.											
E.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; Finance & Performance Committee (every two months); Directorate Dashboards; Detailed project workbooks.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring.	Directorate Business Plans Ability to robustly compare 16/17 data to 17/18 data for non electives due to change to HRG4+ coding nationally.	None	29/12/2017	Chief Finance Officer / Chief Operating Officer / Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	Reconciliation of non elective data	Nov 17	Green	Although some gaps remain in non elective data robustness; at this stage of the financial year financial gaps are mitigated within the total CCG position.
E.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; Secondary Uses Service (SUS) data correctly attributed to CCG or NHSE; Signed Provider contracts 17/18; Financial Plans for 17/18.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring.	None	None	29/12/2017	Chief Finance Officer / Chief Operating Officer / Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	No further action needed		Green	

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E.03	CCG unable to deliver against NHS Constitution	5-year Strategy/2yr Operational Plan; Integrated Performance Report; Finance & Performance Committee; Quality Report at Q&CG Committee; Contract quality schedules to hold providers to account for performance; STP development; RTT delivery group/steering board.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; CRM meetings reviewing providers performance data; Q&CG discussion of provider performance against targets; Reports from RTT delivery group/steering board; NHSE assurance framework.	None	None	29/12/2017	Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning / Director of Quality / Director of Integration / Chief Operating Officer	No further action needed		Green	
E.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; 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) looking at operational collaborative solutions concentrating on efficiency, learning & development and recruitment; Monitoring of provider vacancy rates at contract performance meetings; Workforce key work stream in STP and monitored at STP Leadership Group; Analysis of GP staffing.	None	None	None	29/12/2017	Director of Integration / Group Directors	No further action needed		Green	
F. Develop an effective and responsive clinically led commissioning organisation, working collaboratively with partner organisations and with Wiltshire Council increasing our focus on integrated commissioning and delivery of services.											
F.01	Failure of partner organisations in commissioning of services on behalf of CCG in regard to financial expenditure and patient safety.	Signed Memorandum of Understanding Service Specifications; Monthly performance meetings between CCG Lead and Wiltshire Council Lead Joint Business Agreement agreed by JCB; Better Care Plan governance arrangements; Outcome reports for commissioned services; Director of Integration post. Updated s75 agreement approved by Wiltshire Council and CCG at Health & Wellbeing Board; Internal audit of Better Care Plan Q4 16/17.	JCB as an assuring body; Performance risk assessed, detail included in JBA; Findings of follow-up audit of Better Care Plan.	None	None	29/12/2017	Chief Finance Officer / Director of Quality / Director of Integration	No further action needed		Green	
F.02	Capacity and capability of CCG staff to deliver against the 5 year plan	Objective setting, PDP and appraisal system and timetable; Learning & Development Policy; Central oversight of requests for staff development from April 2016 at L&D Panel; Project Governance Framework; Workforce report; Staff Survey and action plan.	Staff survey results; Workforce report (turnover, sickness absence and objective setting data) to Governing Body on six monthly basis.	None	None	29/12/2017	Chief Operating Officer	No further action needed		Green	
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	The greater involvement of the CCG in the health promotion agenda is contingent on engagement with Wiltshire Council Public Health.	Health & Wellbeing Board; Memorandum of Understanding (MoU) with Public Health - Refreshed 16/17; STP workstream.	Minutes of Health & Wellbeing Board.	None	None	29/12/2017	Chief Operating Officer	No further action needed		Green	

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H. To support the resilience of primary care across Wiltshire through the implementation of our local GP Forward View Plan and delegated responsibilities of primary medical services.											
H.01	A number of GP practices across Wiltshire are at risk due to the potential retirement of GPs. This may lead to poor service to registered population, possible closures and increased pressure on neighbouring practices and urgent care.	Monitoring of GP practice provision. Locum arrangements. GP Practice contracts. GP Forward Plan.	None	None	Availability and cost of appropriate locums.	29/12/2017	Director of Urgent and Primary Care	Ongoing assessment of vulnerable practices and identification of actions. Development of Primary Care Provider proposal building on "at scale" discussions.	Ongoing Q4	Amber	"Plan for a plan" stage of provider at scale due for review in Feb 18.
I. To work with partners to develop our vision for an Accountable Care System across Wiltshire.											
I.01	The definition for an Accountable Care System and how it works across STPs is still unclear. This might lead to incorrect assumptions, wasted effort and/or lack of progress.	Limited guidance	None	Local system agreement on bounds of the ACS.		29/12/2017	Interim Accountable Officer			Green	STP Leadership Group agreement to definitions and boundaries of ACS and Accountable Care Alliances in place.
J. To ensure that the CCG workforce remains focussed and motivated by providing clear and consistent leadership, applying our objective and appraisal system, reacting appropriately to staff survey action points and feedback from the Staff Partnership Forum and investing in staff training, development and wellbeing.											
J.01	Objective setting process is not adhered to in all directorates which could lead to personal development requirements failing to be identified and cross CCG training not being purchased to address needs. Staff may be unable to effectively undertake their role and/or any training purchased may not be purchased in the most cost effective manner.	Appraisal and objective setting timetable Workforce report L&D Policy L&D Panel	Previous Internal Audit of appraisal and objective setting process.	Directors held to account for compliance against timetable	None	29/12/2017	Interim Accountable Officer	Reaffirm timetable; Diarise EMT compliance check.	Jan 18 Jan-18	Amber	Leadership programmes in recruitment for 2018 cohorts.