

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan March 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.	Governing Body agreed Section 75 incorporating Joint Employment Protocol.	None	27/02/2018	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 Mar 18 Complete Mar 18	Amber	GB timed to received Business case and S75 on 27/3 which will then be submitted for NHSE sign off to allow commencement of recruitment.
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	27/02/2018	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	27/02/2018	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	27/02/2018	Interim Accountable Officer	Engagement capacity review and business case. Engagement strategy produced.	Mar 18 May-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; Refreshed CCG Business Impact Assessments (BIA).	LHRP workplan and meetings; Community Risk Register; Involvement with EPRR exercise; Internal Audit and Business Continuity arrangements.	Action cards for service continuity. Interdependencies with CSU and Property Services.	None	27/02/2018	Chief Operating Officer	Action Cards developed. Interdependencies agreed and actioned.	May 18 May 18	Amber	Gaps in control drawn from recent Internal Audit report.
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	27/02/2018	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; PwC assessment of GDPR readiness (Jan'18); GDPR action schedule.	Information Governance Toolkit annual compliance assessment. PwC readiness assessment.	National NHS Guidance	None	01/03/2018	Chief Finance Officer / Director of Quality	Actions to be undertaken on various aspects of GDPR in light of PwC readiness report.	May 18	Amber	Specific guidance is being drafted by the ICO/IG Alliance. This process isn't as advanced as hoped and guidance is still awaited.
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.	None	None	27/02/2018	Chief Finance Officer / Chief Operating Officer / Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning			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	27/02/2018	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	27/02/2018	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; CCG Workforce Lead.	None	None	None	27/02/2018	Director of Integration / Group Directors	No further action needed		Green	
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	27/02/2018	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	27/02/2018	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	27/02/2018	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	None	27/02/2018	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	Business case for provider at scale options due March 18.
I. To work with partners to develop our vision for an Accountable Care System across Wiltshire.											
I.01	The definition for an Integrated 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	None	None	27/02/2018	Interim Accountable Officer			Green	STP Leadership Group agreement to definitions and boundaries of ICS and Integrated 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.	None	None	27/02/2018	Interim Accountable Officer			Amber	Timetables for objectives and appraisals reset and reissued.

Primary & Urgent Care Risk Report

Reference:	P - 16/044
Entry Date:	Jul-16
Review Date:	13/03/2018
Risk Status:	Accepted

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.

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):
Urgent care system pressures threaten delivery of constitutional targets for 4hr ED performance, impacting on timely treatment for patients and poorer outcomes. Corresponding impact on Primary Care. Additional staffing issues in GWH ED indicate patient experience and safety cannot be assured.

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
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Position on previous Governing Body report:	1 (Joint)
Position for this Governing Body report:	1 (Joint)

Primary & Urgent Care Risk Report

Reference:	P - 17/046
Entry Date:	29/08/2017
Review Date:	13/03/2018
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
↗ - Increase
↘ - Decrease

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

Initial Score	L	C	T
	4	4	16

Current Score	L	C	T	M
	4	4	16	↔

Target Score	L	C	T
	2	3	6

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

Risk Description (including the effect of the risk):
Vulnerability of practices - increasing numbers of practices under pressure from vacancies and sickness and unable to recruit. 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. Continued recruitment issues or withdrawal of CCG support could cause practices to give notice on their contracts. CCG responsibility to ensure services available to patients and may need to 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:	Due Date	Progress against actions:
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.	31/12/2017	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 Reducing number of practice showing vulnerability LMC and CSCSU processes being incorporated in new roadmap and proposal for new governance process

Position on previous Governing Body report:	1 (Joint)
Position for this Governing Body report:	1 (Joint)

Community, MH and LD Risk Report

Reference:	CJ - 16/042
Entry Date:	16/04/2013
Review Date:	13/03/2018
Risk Status:	Action Required

Risk Rating Abbreviations	Movement Symbols
L - Likelihood	o - No change
C - Consequence	n̄ - Increase
T - Total	o - 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 deliver effective, safe, quality MH services is impacted by their current poor workforce recruitment position. Staff turn over rate is 13% - which is a slightly improved position from the last 3 months. Vacancy rate is 19% (Trust average 15%) which has also improved in the last 3 months from 22%. Fill rate (inclusive of bank and agency) 98%.

Existing Controls / Assurance:
 Wiltshire Focus Recruitment and Retention Improvement Plan (reviewed through monthly Local CQPM);
 Local CQPM Contract Governance Structure;
 AWP Wiltshire establishment monthly report - now presented as a section within the monthly performance report, with less detail provided.
 Local face to face meetings with quality and performance reps to discuss workforce situation, progress, impacts and actions

Actions required to mitigate risk:	Due Date	Progress against actions:
Continued monitoring of the workforce position with honest discussions about how it can be improved and supported to be improved.	Ongoing	<p>November: workforce report provided at CQRM and discussed. Positive progress in recruitment as the real vacancy figure has reduced from 22% in Aug to 19% in October and turnover is remaining steady at 13% reduced from 14%. Wiltshire still has the highest vacancy rate but is the only CCG where there has been a consistent improvement in the last three months.</p> <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:	3
Position for this Governing Body report:	3

Corporate Services Risk Report

Reference:	C - 14/038
Entry Date:	23/02/2015
Review Date:	13/03/2018
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
	4	4	16

Current Score	L	C	T	M
	4	4	16	↔

Target Score	L	C	T
	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. This could result in the system being unable to cope with demand for services impacting on patient flow and the provision of 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. STP Workforce workstream one of key enablers.
8. Community Education Provider Network developing.
9. Outline Wiltshire Workforce Strategy 2016/17 in place.

Actions required to mitigate risk:

A: Wiltshire Workforce Action Group

1. Promote and advertise Proud to Care Wiltshire website
2. Develop resources to use at a 'Proud to Care Wiltshire' stall at careers/recruitment events
3. Increasing number of iCare ambassadors
4. Share list of known recruitment/career fairs in schools and develop system to coordinate attendance
5. Promote free high quality Care Certificate resources and encourage collaboration on peer to peer review to enhance portability

B: Strategic Workforce Actions

1. Report on work of Domiciliary Care recruitment and retention task and finish group
2. Engage with representatives of main provider organisations to develop further a Wiltshire Workforce Strategy by February JCB

C: Wiltshire CEPN

1. Develop a Wiltshire Primary Care recruitment website
2. With BaNES and Swindon CEPN, recruit 2 part time education facilitators to focus on developing more student placements in primary care

Due Date
A1. 31/3/18
A2. 31/12/17
A3.31/3/18
A4. 31/12/17
A5.31/3/18
B1. 30/12/17
B2. 22/02/18
C1. 31/3/18
C2. 31/12/17

Progress against actions:

CEPN
Steering Group established. Meeting monthly since Aug 16. Project manager commenced May 17, workplan in place. Focus on training and development of existing practice staff promoted via news sheet. CEPN about to recruit education facilitators to build additional student capacity in Primary Care. Recruitment website procurement underway.

Wiltshire WAG
Developed a shared coaching register. Now working on promoting care certificate and passport pan-Wiltshire, shared recruitment/career fair resources and linking with 'Proud to Care' local authority recruitment initiative. Wiltshire recruitment promotion website established called 'Proud to Care Wiltshire'. More engagement with voluntary sector on training and development opportunities.

STP
All workforce actions described above are consistent with STP workforce strategy, which is being developed and planned at present. Apprenticeship project manager appointed and network already undertaking joint procurement of education providers and engagement with all employers.

Better Care Plan

Community, MH and LD Risk Report

Reference:	CJ-17/051
Entry Date:	20/10/2017
Review Date:	13/03/2018
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 ↗ - Increase ↘ - 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. There is also a risk that the current Exceptions Panel process for MH cases is not configured to achieve the desired outcome.

Existing Controls / Assurance:
 Continue to request timely clinical lead input from a range of clinical leads
 Continue to try 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:	Due Date	Progress against actions:
Recognition by clinical leads of the importance of responding to requests for clinical input to exceptions Clarity required of the expectations of clinical leads in their clinical lead role. Review the Exceptions process to ensure it is fit for purpose to deliver the desired outcome	Oct 17 Ongoing Ongoing	Escalated to EMT through Director - This is being managed at EMT and Exec level This is being managed by the executive An initial meeting in early Dec identifies process areas for improvement but recognised that the process lacks resilience. MH commissioninh team are work to improve resilience from a commissioner perspective. There are ongoing discussions on how the lack of resilience in terms of clinical input can be addressed.

Position on previous Governing Body report:	6
Position for this Governing Body report:	5

Community, MH and LD Risk Report

Reference:	CJ-17/050
Entry Date:	24/10/2017
Review Date:	13/03/2018
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
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Executive Lead:	Ted Wilson
Operational Lead:	Myfanwy Champness
Overseeing Committee:	EMT
Risk Source:	Audit Report

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
	3	5	15		3	5	15	↔		1	5	5

Risk Description (including the effect if the risk):
There is a risk that -The lack of compliance with the Children's Continuing Care 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 could adversely affect patient outcomes and the CCG's reputation. CCG is failing in its responsibility to commission and oversee packages of 'continuing 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.

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: CHC to review existing packages of care 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. Process and care package documentation to be developed which is compliant with the continuing care framework. CCG to recruit to the children's nurse assessor role and associated admin support role as previously agreed in the options paper.	Due Date Jan 18	Progress against actions: Not yet carried out. CCG CHC team reluctant to take handover of cases until there is someone in post who will ultimately be responsible for leading on cases going forwards.
	Ongoing	Dependent on recruitment of additional staff to manage children's CHC
	Ongoing	Lead for recruitment to be agreed

Position on previous Governing Body report:	7
Position for this Governing Body report:	6

Acute Commissioning Risk Report

Reference:	A - 14/025
Entry Date:	11/05/2015
Review Date:	13/03/2018
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 õ - Decrease
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Risk Rating Refer to risk matrix tab when recording Likelihood and Consequence scores.

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Lucy Baker, Acting Director of Acute Commissioning
Overseeing Committee:	RTT Steering and Delivery Meetings. Escalation to CRM Meetings
Risk Source:	Planned Care Programme S - 14/025

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		5	3	15	↑				0

Risk Description (including the effect if the risk):
 There is a risk, that as a CCG we will not achieve the NHS Constitutional target for patients to be treated within 18 weeks of referral for elective care which impacts on performance, clinical risk and and constitutional risk.

Existing Controls / Assurance:
 Monitoring arrangements:
 1. Pan-CCG RTT assurance group.
 2. Provider / CCG RTT WG monthly. Escalates issues as required to CRMs.
 3. CRMs monthly with each provider.
 4. CSU contacts any non local providers that report a 52 week wait to ensure a 'to come in' (TCI).
 5. Remedial Action Plan in place with GWH.
 6. Remedial Action Plan in place with RUH.
 7. Demand escalation framework at RUH to flag emerging issues.
 8. Deep dives by specialties as required e.g. Cardiology at RUH.
 9. Proactive redirection of referrals away from challenged specialties / providers as necessary to reduce waits for patients.

Actions required to mitigate risk: 1. RTT delivery board in place for SFT currently meets monthly. 2. Continued monitoring of remedial action plans in place for RUH and GWH via monthly dedicated assurance meetings with each provider. 3. Weekly dashboards with RUH and GWH to facilitate proactive review and remedial recovery actions. 4. Development of dedicated winter care plan to reduce impact. 5. Review of GWH & RUH trajectories Dec 17.	Due Date 31/03/2018	Progress against actions: - RTT performance deteriorated to 91.2% in Dec due to impact of winter pressures. No improvement expected in Jan / Feb 18 due to directive nationally to cancel electives in order to focus on NEL. - RTT action plan being developed by the end of Feb 18. Analysis of waiting list including longest waiters (.46 weeks) . Draft action plan shared with NHSE. Actions include: 1. 50 patients ex RUH to Circle (general surgery). 2.330 ophthalmology patients ex RUH longest waiters being offered choice elsewhere to reduce waits in Jan/Feb. 3. 28 ENT patients ex RUH offered choice to go elsewhere in Dec.
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Position on previous Governing Body report:	11
Position for this Governing Body report:	7

Acute Commissioning Risk Report

Reference:	A - 15/034
Entry Date:	
Review Date:	13/03/2018
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
↗ - Increase
↘ - Decrease

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

Initial Score	L	C	T
	3	4	12

Current Score	L	C	T	M
	3	4	12	↔

Target Score	L	C	T
			0

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

Risk Description (including the effect if the risk):
Service provision for PPCI and acute stroke services may be restructured impacting on the population of Wiltshire following a network review.

Existing Controls / Assurance:
Attendance at network meetings to understand proposal and impact.

Actions required to mitigate risk:	Due Date:	Progress against actions:
Discussions with acute providers to confirm impact and plans following network options appraisal.	31/03/2018	<ol style="list-style-type: none"> 1. Submissions to network review by CCG and providers. 2. STP clinical leadership group to discuss. 3. No update provided from clinical network on next steps and timeframes post publishing of recommendations. Update to be obtained from network April 2018.

Position on previous Governing Body report:	9
Position for this Governing Body report:	8

Community Joint Specialist Risk Report

Reference:	CJ - 17/052
Entry Date:	07/12/2017
Review Date:	13/03/2018
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
ò - 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
	3	4	12		3	4	12	↔		1	4	4

Executive Lead:	Ted Wilson
Operational Lead:	Myfanwy Champness
Overseeing Committee:	EMT
Risk Source:	Strategic meeting

Risk Description (including the effect if the risk):
There is a risk that - Virgin Care will be unable to meet demands within the community paediatric service due to their failure to recruit to vacancy and reported staff dissatisfaction with implementation of the transformation plan.

Existing Controls / Assurance:
 Provider is actively recruiting (1 new paed to start Feb) however there is a national shortage of community paediatricians and have failed to recruit on previous attempts
 Vacancies are being covered with agency locum
 Performance against waiting times for new and follow up cohorts continue to be monitored

Actions required to mitigate risk: Commissioners to monitor closely the recruitment situation. If it deteriorates to the point where services are negatively impacted, to instigate a meeting to discuss urgent actions. Provider are reviewing pathways to see which patient groups might be able to be moved out of consultant-led services to manage capacity in challenged areas Commissioners to ensure that Virgin are aware of the impact of their transformation work on the consultant body and seek assurances through the contract governance process that they (Virgin) are managing and mitigating this.	Due Date	Progress against actions: Monitor recruitment position. Virgin requested to submit recruitment action plan and interim mitigating actions Virgin have reported progress with this. Virgin have been asked to present progress against the transformation programme at the next contract meeting in Feb 18
	Ongoing	
	Ongoing	

Position on previous Governing Body report:	10
Position for this Governing Body report:	9

Acute Commissioning Risk Report

Reference:	A-15/066
Entry Date:	
Review Date:	13/03/2018
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 ò - 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
	3	4	12		4	3	12	↔		1	3	3

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Lucy Baker, Acting Director of Acute Commissioning
Overseeing Committee:	RTT Assurance Group
Risk Source:	

Risk Description (including the effect if the risk):
 Constitutional performance risk: Wiltshire CCG will not deliver the diagnostic 6-week performance target. This may impact on performance and clinical risk.

Existing Controls / Assurance:
 - Performance being monitored monthly via RTT steering groups, escalating to CRM as required.
 - SFT tbc, and continue to outsource.

Actions required to mitigate risk: GWH - Performance deteriorated further, remedial action plan requested, particularly in relation to imaging and audiology. RUH - Monitored monthly. Redirected action plan in place.	Due Date 31/03/2018	Progress against actions: 97.3% Dec 17 driven mainly by GWH 92.4% - remedial action plan due 23.2.18.
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Position on previous Governing Body report:	12
Position for this Governing Body report:	10