Governing Body Assurance Framework Agenda Item 9.3

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| **Risk details Strategic Objective** | **Risk Description** | **Controls** | **Gaps in****Controls** | **Assurance** | **Gaps in Assurance** | **Original****Risk rating****LxS** | **Current****risk rating****LxS** | **Trend** | **Progress with actions** |
| **Objective 1: Commision high quality, innovative services** |
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| **Date added** | There is a risk that the CCG may not beable to commission improved access pilots from all cluster. Due to: Choice+ ceasing on 31.3.2018 and issues relating to OOH.Resulting in: GCCG inability to commission Improved Access pilots from all clusters by 1.10.2018 and patients unable to accessa National requirement for urgent and routine appointments between 6.30pm and 8pm and at weekends. | Monthly Improved Accessmeetings between clusters and CCG in place. Weekly Directorate meeting. Weekly phone calls between commissioner and clusters where rota fill remains problematic. GP Improved Access cluster leads in place in each cluster. Each cluster has a working group which includes GPs and Practice Managers. | None | Weekly CCG IA Meetingsin place. Monthly cluster IA meetings led by cluster lead GP. Monthly report to ICS Delivery Board andbi-monthly to NMOC Board. Primary Care Operational Group and the Risk and Issues log. | None | **2x4=8** | **3x4=12** |  | Letter received from provider 15.1.2018 stating support for17/18 and response sent 16.1.2018. All clusters have finalised their models and all have completed Due Diligence. All clusters have plans in place. Two clusters returned their contracts to the CCG. CCG has commissioned “shared provision” from GDoC for these clusters. Extension to contracts sought from PCCC for 2019/20 for cluster delivery and delivery of weekend and bank holiday appointments.”Shared Provision” in place for NEG and Inner City and for North Cotswolds (the latter on Friday evenings only). Shift fill monitored weekly. Gloucester City GPs in conversation regarding the number of Networks across the city. PCCC approval given to extend the contract for weekend and BH IA provision for 2019/20 and for Network delivery for 2019/20. |
| 23.11.17 |
| **Directorate** |
| **L5 now Inclu L8 Primary** **Care**  |
| **Executive Sponsor** |
| Helen Goodey |
| **Lead Manager** |
| Helen Edwards / JeanetteGiles |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| **Date added** | Risk that delayed implementation ofchanges to pathways through the Clinical Programme Approach fail to deliver the anticipated benefitsResulting in: transformation projects may not deliver the expected outcomes for patients and the whole system.***RECOMMENDATION TO INCLUDE IN CRR & GBAF TO AUDIT & RISK COMMITTEE*** | Robust project managementplanning by the Tranformation Team supported by the PMO, Information & BI Teams. | None | Progress of pathwaychanges reported through to CPB on a bi-monthly basis along with the benefits realised from pathway transformation | None | **3x4=12** | **3x4=12** | **NEW** | 1. KPIs developed with baselines developed.
2. Ongoing monitoring of each scheme with a view to assessing optimium pathways and benefits realisation from changes to pathways through transformation.
3. Dashboards developed eveloped to inform and report on pathways along with soft measures & intelligence.
4. Regular monthly meetings with service leads.
5. Regular discussion regarding delivery with the Clinical Programme Board (CPB) and Core Team with a focus on escalation of risk and issues.
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| 21.03.2019 |
| **Directorate** |
| **T20 Transformation** |
| Executive Sponsor |
| **Ellen Rule** |
| **Lead Manager** |
| Kelley Matthews |
| **Review date** |
| 31.03.19 |
| **Date added** | Risk around lack of detailed plan forspecialised services transfer. Resulting in: uncertainty in relation to future plans | 1.CCG specialisedcommissioning lead to monitor the situation. | None | Assurance from NHSEngland’s Area Team | None | **4x4=16** | **3x4=12** |  | It is the intention for a member of the CPG team to take onspecialised commissioning on their return from maternity leave in early 2019 |
| 01.04.2018**Directorate** |
| **T 15 - Transformation** |
| **Executive Sponsor** |
| Ellen Rule |
| **Lead Manager** |
| Kathryn Hall |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| **Date added** | Lack of a detailed plan for specialist services transfer. CCG commissioners monitoring the situation.NHSE recommissioned diabetic eye screening for April 2019 onwards | 1.CCG specialised commissioning lead to monitor the situation. | None | Assurance from NHSE Area Team | None | **4x4=16** | **3x4=12** |  | 1. CCG proposing to re-configure Tier 4 weight management service (bariatric surgery) to ensure the greatest health gain within the finite resource
2. Reprocurement of diabetic eye screening service. NHSE confirmed GHFT will be the provider from April 2019, who is also the current provider.
 |
| 01.04.2018 |
| **Directorate** |
| **T18 Transformation**  |
| **Executive Sponsor** |
| **Ellen Rule** |
| **Lead Manager** |
| **Emma Savage** |
| **Lead Committee** |
| **Audit & Risk Committee** |
| **Review date** |
| 31.03.2019 |
| **Date added** | Risk that discharges are being delayed in the acute sector. Due to delays withthe re-enablement service and delay with sourcing independent sector domicillary care. This leads to a disruption of patient flow and pressures placed on urgent care and meeting the 4 hour target, increased length of stay and poor patient experience. | JCPEQIPP Board Reports GCCG Board Reports USC Briefing Report Performance reports and action plans monitored through contract quality monitoring groups. | None | Performance Reports to Governing Body | None | **3x4 = 12** | **3x4=12** |  | Ongoing work to maximise available capacity within the finite reablement resource as part of the Enhanced Independence offer within the GCC Adult Single programme. Due to the success of the Hospital to Home Service, reablement previously dealt with 95% referrals from acute within 2 hour period - this has reduced significantly to <40% with the majority of reablement capacity within GCS supporting step up fromGP practices and admission prevention. Strategic direction ‘paused’ pending OT Review outcomes. Letterbox Project for discharge being piloted Q1 where reablement capacity will be directed for therapy and complex needs. Particular issues being experienced within Cotswolds in general. Working with H2H provider during Q1. Demand and capacity monitored to understand underlying issues of dom care new contracting arrangements. Rural framework currently has 35 providers across 4 zones. The Urban providers (Human Support Group in Gloucester and Comfort Call in Cheltenham) - both have struggled to pick up new packages of care or deliver H2Hservices. Alternative providers have been delivered H2H since May 2017 (Radis - Countywide, Crossroads - FoD in-reach). Pressures in the dom care market are continuing with demand outstripping capacity, however, this is an improving position despite a recent large provider failure. Requests from acute hospitals remain at high levels - due to these requests being prioritised this blocks available capacity to meet the wider system needs across the county. IBCF funding confirmed to increase H2H offer across acute and community hospitals. In Q2 - Bridging Services, Dementia H2H and Complex Live In care provision commenced. However, demand continues to outstrip available capacity Work underway in Q3 to support extended operating hours of Brokerage and interface with Rapid Response for night sitting. |
| 01.04.18 |
| **Directorate** |
| **K1 including K2 Integration** |
| **Executive Sponsor** |
| Kim Forey |
| **Lead Manager** |
| Donna Miles |
| **Lead Committee** |
| Audit & Risk Committee |
| **Rev date: 30.09.18** |
| **Objective 3. Transform services to meet the future needs of the population, through the most effective use of resources** |
| **Date added** | Risk to Non Emergency Patient Transport KPI delivery and Patient experience.Due to: Operational issues, financial sustainability of the Non-Emergency Patient Transport contract and procurement risks for new contract due to commence June 2019.Resulting in: Poor patient experience. | Risk to be managed consistently across Gloucestershire, Swindon, Wiltshire and BaNES CCG | None | Monthly Contract Board Meetings and ad hoc meetings with ATSL and other commissioners.Ad hoc performance reports to Governing Body and HCOSC | None | **4x4=16** | **3x4=12** |  | Monthly Contract Board Meetings and ad hoc meetings with ATSL and other commissioners. 6 month contract extension agreed to allow time for development of a revised service specification, procurement and mobilisation (avoiding winter implementation of new service).Procurement process nearing completion. |
| 01.02.14 |
| **Directorate** |
| **C27 Commissioning** **Implementation**  |
| **Executive Sponsor** |
| Mark Walkingshaw |
| **Lead Manager** |
| Gill Brigland |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| 30.11.17 |
| **Date added** | Risk that system partners will be unable to effectively deliver a timely and coordinated approach to patient flow and discharge ensuring a reduction of patients who remain in the acute trust when medically stable and with a LOS greater than 14 days. Due to: Operational pressures.Resulting in: Poor patient experience. | A&EDB, weekly partnership meeting & bi-weekly oversight meeting | None |  | None | **4x4=16** | **3x4=12** |  | 1. Weekly partnership meeting reviewing all stranded and super-stranded patients. Meeting representatives are senior operational staff able to unpick complex cases.
2. System wide review of existing bed base including acceptance criteria and outcomes.
3. Review of letterbox pilot with aim to roll out wider for winter.
4. Further development of sub acute skills across Community based services to allow additional patients to be supported safely within the Community.
5. Review existing D2A provision with development of processes,pathways and therapy provision.
6. Develop Community based IV provision to support early patient discharge and admission avoidance.
7. Review of transport offer to ensure robust provision to support appropriate hospital discharge.
8. Development of system wide escalation measures to ensure timely response to extremis with actions to address any discharge delays.
9. Identification of additional Nursing Homes that can support patients with higher acuity needs.
10. Extending roles to cover 7 day working including Adult Social Care and Onward Care Team.
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| 4/1/2018 |
| **Directorate** |
| **C5 Commissioning Implementation**  |
| **Executive Sponsor** |
| Mark Walkingshaw |
| **Lead Manager** |
| Maria Meatherall |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review Date** |

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| **Date added** | Non-delivery of the Constitution standard for maximum wait of 4 hours within the emergency department.Due to: Operational pressures.**Resulting in:** Negative patient experience. | A&EDB & Attendance Avoidance sub-group | None | Reports to GB at Business Sessions; GB meetings | None | **3x4=12** | **3x4=12** |  | 1. Roll out of Cinapsis to support admission avoidance and

ensure patients progress through the most appropriate pathway in a timely manner.1. Further devlopment of admission avoidance pathways including Ambulatory Emergency Care, Surgical Assessment unit and Acute Medical Initial Assessment service.
2. Roll out of Frailty Assessment service supporting early discharge from hospital and support within the Community.
3. Development of Communications strategy to support people in identifying the most appropriate service to meet their needs.
4. Roll out of NHS111 on line
5. New ways of working being developed within the Emergency Department with GP led streaming to increase number of patients appropriately streamed to primary care
6. Working with Acute and Ambulance Trust to reduce handover delays.
7. NHS111 undertaking validation of 999 and ED dispositions with positive impact upon demand management.
8. Work underway to identify system wide high intensity users to provide support packages to reduce demand on services and improve outcome for patients.
9. Development and roll out of Troponin T test to reduce requirement to admit patient to hospital
 |
| 1/1/2017 |
| **Directorate** |
| **C6 Commissioning Implementation**  |
| **Executive Sponsor** |
| Mark Walkingshaw |
| **Lead Manager** |
| Maria Meatherall |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| **Date added** | Failure to fully comply with all NHS constitution standards.**Due to:** Delivery of changes required to recover performance and address issues related to capacity and demand.**Resulting in:** Potential delays to patient care | Acute provider contracts, including AQP. | None | Reports to GB at Business Sessions; GB meetings | None | **3x4=12** | **3x4=12** |  | Progress with actions1. Significant improvement in performance continues – including delivery of ED 4 hours standard, diagnostics, cancer 2 ww and DTOCs.
2. Further concentrated work on delivering recovery plan for cancer 62 day standard, to reduce number of over 52 ww breaches and to recommence national RTT reporting later in the year.
3. Service re-design led by Clinical Programme Groups continues – including focus on demand management initiatives.
4. Sharing of information with GP Localities.
5. Clinical validation undertaken at 52weeks and >62 days which includes harm review.

7. Good progress made on joint STP elective care programme aimed at reducing demand, managing follow ups and improving efficiency. |
| 01.04.2017 |
| **Directorate** |
| **C15 Commissioning Implementation**  |
| **Executive Sponsor** |
| Mark Walkingshaw |
| **Lead Manager** |
| Christian Hamilton |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| 31.03.18 |
| **Date added** | Risk of financial cuts to services provided by public health. This includes, and isnot limited to, public health campaigns, smoking cessation services etc.Resulting in: likelihood of having a medium and long-term impact on population health and NHS resources | Regular joint meetings and agreement of joint work plans with links to H&WB Board | None | Assurance from NHSE Area Team | None | **2x4=8** | **3x4=12** |  | 1. PHE appointed 2 substantive public health consultants one of which is an additional post.
2. CCG has re-instated CCG/Public Health interface meetings to oversee delivery of the Public Health Core Offer and keep abreast of any funding cuts to Public Health budget and impact on service delivery. These will re-commence from January 2019.
 |
| 01.04.2018 |
| **Directorate** |
| **T11 Tranformation &** **Service Redesign**  |
| **Executive Sponsor** |
| Ellen Rule |
| **Lead Manager** |
| Emma Savage |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| 31.03.18 |
| **Date added** | (Signposting & Admission Avoidance ) High Impact Action 2: Risk of failure to reduce demand and prevent unnecessary acute attendances and emergency admissions. (Signposting & Admission Avoidance ) High Impact Action 2: Riskof failure to reduce demand and prevent unnecessary acute attendances and emergency admissions. **Due to**: Failure to implement agreed plans to reduce unnecessary ED attendances and emergency admissions.**Resulting in**: ED attendances and emergency admissions above planned levels. | A&EDB, Attendance & Admission Avoidance Task & Finish Group, Urgent Care Strategy Group | None | Performance Reports to Governing Body, weekly situation report, project status updates | None | **3x4=12** | **3x4=12** |  | 1. Roll out of Cinapsis to support admission avoidance and ensure patients progress through the most appropriate pathway in a timely manner.
2. Further devlopment of admission avoidance pathways including Ambulatory Emergency Care, Surgical Assessment unit and Acute Medical Initial Assessment service.
3. Roll out of Frailty Assessment service supporting early discharge from hospital and support within the Community.
4. Development of Communications strategy to support people in identifying the most appropriate service to meet their needs.
5. Roll out of NHS111 on line to support people in identifying alternatives to attending ED.
6. New ways of working being developed within the Emergency Department with GP led streaming to increase number of patients appropriately streamed to primary care.
7. Work to further develop falls pathways to avoid patients being unneccessarily conveyed to ED.
8. Ongoing work with the Directory of Service to ensure all alternative services are clearly mapped to support ED attendance avoidance.
9. Work within Out of Hours to enhance staffing skill mix to assure robust cover
 |
| 01.04.17 |
| **Directorate** |
| **C8 & C28 Commissioning Implementation**  |
| **Executive Sponsor** |
| Mark Walkingshaw |
| **Lead Manager** |
| Maria Meatherall |
| **Lead Committee** |
| Audit CommitteeHaydn Jones |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| 30.09.17 |
| **Objective 4. Secure continuous improvement, in the quality of services, tackling health inequalities and ensuring parity of esteem in mental health** |
| **Date added** | There could be a risk of high mortality rates at the GHFT. Due to: The HSMR (Hospital Standardised Mortality Ratio) and SMR (Standardised Mortality Ratio) are statistically significantly higher than expected within GHNHSFT overall and individually at both acute sites. Resulting in: potential higher mortality rates | Monthly mortality briefings provided by Dr Foster.Trustwide mortality strategy reviewed at CQRG. | None | Reviewed by IGQC on behalf of the Governing Body | None | **3x4=12** | **3x4=12** |  | The SHMI is being driven by out of hospital deaths within 30days of discharge. A decision was made to undertake a joint provider, morality review on a a number of these deaths. Data on the detail of these is not easily accessible and it is being explored how this data can be obtained. This review will report to STP clinical reference group.MI position improved. Establishment of STP mortality group to align mortality review policies. Multi-agency reviews have commencedThe LeDeR mortality review is driving the systemwide process and as such GCCG is producing information for primary care. To date the LeDeR mortality review process has not identified significant concerns |
| 01.04.18 |
| **Directorate** |
| **Q20 Quality**  |
| **Executive Sponsor** |
| Marion Evans Andrews |
| **Lead Manager** |
| Julie Symonds |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date: 31.03.2019** |
| **Objective 6. Deliver strong leadership as commissioners ensuring good governance and financial sustainability** |
| **Date added** | Increased risk of CCG receiving legal challenge. **Due to:** competitive tendering following the introduction of the EU Remedies Act, the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 1 April 2013 and the Public Procurement (The Public Contracts Regulations 2015).**Resulting in:** Could result in any contract that has been negotiated / signed being ‘set-aside’ by the courts and / or a fine being levied against the CCG which may be equivilent to the loss of profits for the challenging organisation. | Ensure that EU procurementprocess is followed for all procurement exercises (above and below) the EU threshold in accordance with DoH, Cabinet Office and Government Procurement Service Guidelines.Continued risk which applies to all procurement process but particularlythose which exceed the Light Touch Regime threshold (£615,278.00 total aggregatedcontract value) | None | Project reports to Core Executive Team and Governing Body | None | **3x4=12** | **3x4=12** |  | Work on the new strategy document is well advanced and will be informed by further discussions with the Governing Body scheduled for 11 October 2018 |
| 24.05.13 |
| **Directorate** |
| **C3 Commissioning Implementation**  |
| **Executive Sponsor** |
| Mark Walkingshaw |
| **Lead Manager** |
| David Porter |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date: 31.03.2019** |
| **Date added**01.04.2018 | There is a risk that activity will be at variance with plan at Gloucestershire NHS FT and other providers including AQP. Resulting in the failure to deliver financial targets.RDue to: Providers taking up activity under AQP contracts where previously they had not. Also driven by long waits at GHFT. Results in: contract over-performance creating a financial pressure for the CCG. | Robust financial plan aligned to commissioning strategy. QIPP plans developed with appropriate governance processes including monitoring. CCG constitution including Standing Orders,Prime Financial Policies and Scheme of Delegation approved. Monthly contract monitoring in place | None | Reports to GB at Business Sessions; GB meetings, specifically around savings plans and updates on contracts | None | **3x4=12** | **3x4=12** |  | 1. Acute provider contract monitoring
2. To review activity associated with all AQP contract on a monthly basis.
3. Develop care pathway approach to demand management. Communication with Primary Care and acceleration of advice & guidance for key specialties.
4. Focus on IFR/CBA policy compliance to minimise low value activity
5. Evaluation of the impact of introducing direct access diagnostics
6. Development of more detailed service specifications where possible
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| **Directorate** |
| **C16 combined with** **F11 Commissioning Implementation**  |
| **Executive Sponsor** |
| Mark Walkingshaw / CathLeech |
| **Lead Manager** |
| Christian Hamilton / AndrewBeard |
| **Lead Committee** |
| Audit Committee |
| **Review date** |
| 31.03.19 |

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| **Date added** | Risk that the CCG is unable to meet the national target for CHC. Due to: Currently there are 42 CHC funded individuals with a Learning Disability a review conducted showed that there are 28 individuals who have not had a review. Resulting in missed target and poor patient experience for the actual patient and their family | Monthly perfromance reports reported to the Core Leadership team and to the Governing Body at the Business Sessions and formally as part one of the Governing Body meeting. | None | Governing Body Performance Reports; reports to the Audit and Risk Committee and performance monitoring by NHS England | None | **4x4=16** | **3x4=12** |  | Recruitment of 3 LD Nurse Assessors commenced. All LD CHC funded indivduals identified and a review date assigned. Band 7 CHC LD Nurse Assessor to commence a review of indivudals on the 01/08/2018 with a target of completing this piece of work within 12 weeks. fortnightly monitoring of progress against the target . Paper being drafted for the Quality and Governance committee. |
| 01.04.2018 |
| **Directorate** |
| **K9 Integration** |
| **Executive Sponsor** |
| Kim Forey |
| **Lead Manager** |
| Miriam Street & DebbieSanders |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| 31.03.2019 |
| **Date added** | Risk that delayed implementation of ICS Projects and/or failure of projects to deliver anticipated benefits **Due to:****Resulting in:** under-delivery on planned care QIPP savings target. Therefore transformation projects may not deliver the expected outcomes. | Robust project management planning and reporting to the PMO. | None | Budgets approved by the Governing Body. Monthly performance reporting to CCG Governing Body and quarterly reporting to the CCG’s Audit Committee. | None | **3x4=12** | **3x4=12** |  | 1. KPIs developed and uploaded to Verto performance management system.
2. Ongoing.
3. QIPP Portal developed to inform and report on QIPP schemes along with soft measures & intelligence.
4. Triangulation of information data and finance for year to date position and improved QIPP scheme forecasts.
5. Regular monthly meetings with service leads for scheme reviews.
6. Regular discussion regarding delivery with Core Team with a focus on escalation of risk and issues.
 |
| 01.04.2018 |
| **Directorate** |
| **T10 including F12 All** **Directorates** |
| **Executive Sponsor** |
| Cath Leech |
| **Lead Manager** |
| Haydn Jones |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| 31.03.2019 |
| **Date added** | Potential transfers of commissioning responsibilities between organisations from/to CCG may lead to cost pressures. | Assess all transfers and compare with current position to validate any proposed financial and workload impact. | None | Monthly performance dashboard for larger contracts with robust out of county contractmonitoring reflected within performance reports.Monthly prescribing & CHC information including trendsInternal audit reports and recommendations to be reported to Audit Committee. | None | **3x4=12** | **3x4=12** |  | All provider monitoring is being reviewed to spot anomalieswithin activity data that may have been potentially transacted on a different basis to which the funding was transferred from NHSE. Any material issues are being raised with the Specialist Commissioning Team which has resulted in some correctionto the original allocation transfers. These transfers have been actioned recurrently in 2018/19 opening RLTransfers under the TCP programme being followed through and financial implications discussed with NHSE and guidance being worked through with joint GCC/CCG commissionerson an ongoing basis. These will have a significant financial impact on the CCG.Initial deep dive report to F & P development session in July with increased monitoring during the year. TCP impact being actively managed with LD commissioners to minimise financial riskFuture likely impact of transfers being modelled using nationally available modelling tool.on CCG activity. |
| 01.04.2018 |
| **Directorate** |
| **F16 Finance**  |
| **Executive Sponsor** |
| Cath Leech |
| **Lead Manager** |
| Andrew Beard |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| 31.03.2019 |
| **Date added** | Implementation of Electronic Patient Record system within our main acute provider.There is also a risk that there is no reportable data for maternity services.This is due to the implementation of the electronic patient record system within GHNHSFT.Resulting in: reporting issues for clinical correspondence, national performance reporting and contractual management. | Development of a remedial action plan supportedby CCG/CSU staff to mitigate risks of adverse clinical communication and incomplete reporting | None | Governing Body Business Session through performance and finance reports to the Governing Body discussion of risk at Quality and Governance Committee | None | **4x4=16** | **3x4=12** |  | 1. Comprehensive recovery programme in place.
2. Key work streams are focussed upon data quality, people and process, clinical safety and finance.
3. The Trust has put in place strengthened project infrastructure which includes support from the CCG.
4. The quality and comprehensiveness of activity and financial reporting continues to improve
5. Majority of the contract is block therefore mitigating some of the financial issue however elective performance monitoring and establishing a baseline for next financial year will be challenging
6. Deeper dive into identification of coding changes underway by Information Team
 |
| 01.04.2018 |
| **Directorate** |
| **F24 Finance / K7 Maternity** |
| **Executive Sponsor** |
| Cath Leech |
| **Lead Manager** |
| Andrew Beard |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| 31.03.2019 |
| **Date added** | Local Digital Roadmap - Resources (financial and workforce) may not be available to deliver the programme or projects within the STP which will**Resulting in** an impact on delivery and benefits. | County Wide IM&T Steering Group and associated sub groups in place reportingto Delivery Board and each organisation | None | ICS Delivery Board and each organisation’s Board / Governing Body | None | **3x4=12** | **3x4=12** |  | On going dialogue within the Countywide IM&T Group on resourcing and potential risk to delivery.Bidding to national funds in progress. Risks regarding capital vs revenue funding model highlighted to NHSE.Strategy refresh commenced to review resourcing requirements over the next few years. |
| 30.03.17 |
| **Directorate** |
| **F26 Finance**  |
| **Executive Sponsor** |
| Cath Leech |
| **Lead Manager** |
| Fiona Robertson |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| on-going | There is an increased risk of a cyber attack **Due to**: cyber threats continuing and become more sophisticated which, if successful, would**Result in:** the CCG’s systems and information are at greater risk of being compromised. | The CCG has policies in place to reduce the probability and contracts with the CSU and CITs which include cyber security advice and services. | None | The CCG has policies in place to reduce theprobability and contracts with the CSU and CITs which include cyber security advice and services. County Wide IM&T Steering Group and associated sub groupsin place reporting to Delivery Board and eachorganisation | None | **3x4=12** | **3x4=12** |  | 1. action plan following testing in progress, dependency on the implementation of new WAN/LAN timescale
2. response action plans reviewed and being updated
3. staff comms started, training plan to be developed
4. initial review of potential network improvements carried out, costed plans developed and being reviewed by the LDR Infrastructure Group.
5. business cases development and delivery programme started. Some countywide solutions will be progress once funding from NHSE is approved.
6. Follow up cyber exercise planned for December 18.
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| **Date added** |
| 07.06.17 |
| **Directorate** |
| **F27 Finance**  |
| **Executive Sponsor** |
| Cath Leech |
| **Lead Manager** |
| Fiona Robertson |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| **Date added** | Overall financial risk of the CCG notdelivering the financial position resulting in the CCG not achieving it’s statutory duty | Month End reviews of financial performanceDeep dive of NHSE | None | Updates given to the Governing Body and Core on a monthly basis on the financial positionMonthly returns to NHS England on our financial position | None | **3x4=12** | **3x4=12** |  | Reporting achievement of control total @ Month 2 Additional savings schemes being progressed |
| 01.04.18 |
| **Directorate** |
| **F28 Finance**  |
| **Executive Sponsor** |
| Cath Leech |
| **Lead Manager** |
| Andrew Beard |
| **Lead Committee** |
| Audit Committee |
| **Review date** |
| **31.03.2018** |
| **Objective 7 Develop plans for proactive care with partners that focs on early intervention** |
| **Date added** | There is a risk that children and young people in care do not get a review of their health needs, or that the healthcare plan is not implemented effectively. **Due to:** The number of CiC has grown significantly, meaning that the services providing RHAs are struggling to manage the increased demand. The CCG has a statutory duty to ensure that the health needs of Childrenin Care (CiC) are met and this includes the provision of RHAs whilst a child remains in care – every 12 months for those over 5 and every 6 months for those under 5. The main service that provides RHAs (public health nursing) is the responsibility of thecounty council, making the situation and its resolution more complicated.**Resulting in:** This is known to have a negative impact on subsequent longer term health and wellbeing outcomes later in life | Analysis of the impact of the increased numbers and the effectiveness of the current service arrangements has been undertaken, with proposals developed for a new model of provision. This is being overseen by the CiC Health Coordination Group, and decision making on next steps will be made by JCPE due to the multi-agency nature of the issue. | None | Performance reports to the Governing Body | None | **4x3=12** | **4x3=12** |  | The CCG and GCC have agreed to fund additional dedicated CIC nurses and additional nurses are in the process of being recruited to the team |
| 06.01.17 |
| **Directorate** |
| **Q19 Quality**  |
| **Executive Sponsor** |
| Marion Evans Andrews |
| **Lead Manager** |
| Julie Symonds |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| **Date added** | SWAST have identified a risk in the SW to patients due to call stacking. In Gloucestershire the risk is in category 2 patients where waits are longer thantarget times though Category 1 patients are responded to within the required times. There are delays in responding to Category 4/5 health professional calls but this is not considered to pose a risk to the patients.**RECOMMENDATION FOR INCLUSION IN THE CRR / GBAF; A&R COMMITTEE.** | NHS E&I Quality Survalaince Group have oversight across the region of this risk. Locally the risk is monitored via the CCG Quality & Governance Committee and by the CCG attendance at the SWAST contract quaity monitoring meetings led by Dorset CCG as lead for this contract. | None | Performance reports to the Governing Body and Quality and GovernanceCommittee. Update reports to Core Team meetings | None | **4x3=12** | **4x4=16** | **NEW** | 1. SWASFT have reviewed rota’s and opperating proceudres
2. SWAST have increased GP support in call handling hubs
3. System wide working between CCGs in SW and workshops to plan improvement actions.
4. Escaltion plans in place
5. Increase hold times for clinical valdiation in 111
6. New and additional resources invested in additional ambulances and crews due to commence in February
7. Reccurent additional investment to support staffing
8. Investment in NHS111 Category 2 ‘sense checks;
9. Use on non-urgent patient transport to transfer category 4/5 patients.
 |
| 15.01.2019 |
| **Directorate** |
| **Q22 Quality**  |
| **Executive Sponsor** |
| Marion Evans Andrews |
| **Lead Manager** |
| Rob Mauler |
| **Lead Committee** |
| Audit & Risk Committee |
| **Review date** |
| 31.03.2019 |