

2018 Board Assurance Framework

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Corporate Objective 1.2 Quality, Safety and Effectiveness - To improve the quality and safety of local services

Code	Description	Operational Lead	Original Risk Impact	Original Risk Likelihood	Original Risk Score	Existing Controls / Gaps in Controls	Assurances	Current Risk Impact	Current Risk Likelihood	Current Risk Score	Action Plan Summary	Target Risk Impact	Target Risk Likelihood	Target Risk Score	Target Date
1A	Zero Tolerance Risk - Possible risk of failure to safeguard children and identify and respond appropriately to abuse	Avis Williams-McKoy	Catastrophic	Possible	15	<p>Controls</p> <p>Level 2 and 3 safeguarding training offered to independent contractors Pan-London local safeguarding policies and procedures. Existing safeguarding policies and procedures will remain in place until July next year. There is a cascading approach to statutory changes, NHS England, NHS London, Pan London Procedures & Local.</p> <p>All designated and named professionals in post in CCG and Provider organisations Named GP for Primary Care and Independent Contractors Strong safeguarding governance arrangements in place across the borough and internally Lead Clinical Governance Member for Children and an Executive Lead Director. Compliant with the accountability and assurance framework for safeguarding vulnerable people 2015 Multi-agency FGM policy published Safeguarding and Looked After Children Working Group (SLAC). Quarterly Assurance meetings Chaired by CCG Lead Director for Safeguarding Children. 4 July 2018 two pieces of statutory safeguarding guidance was published; revised Working Together to Safeguard Children statutory guidance; and Local Safeguarding – Transitional Arrangements statutory guidance. Local Safeguarding Children Boards (LSCBs) will be replaced by “safeguarding partners. Under the new legislation, Safeguarding and Child Death Review there are three safeguarding partners are:(local authorities, chief officers of police, and clinical commissioning groups). All 3 safeguarding partners have equal and joint responsibility for local safeguarding arrangements. The guidance replaces the requirement for LSCBs to ensure that child death reviews are undertaken by a child death overview panel (CDOP) with the requirement for “child death review partners” (consisting of local authorities and any clinical commissioning groups for the local area) to make arrangements to review child deaths.</p> <p>Gaps in Controls</p> <p>Primary care contracts are managed by NHSE. These currently do not include mandatory safeguarding training Potential gaps in safeguarding staff with the transfer of health visiting and school nursing budget to local authority and required savings Implementation of new safeguarding arrangements - Agencies (CSC, CCG and Police) and LSCB have approximately 12 month to put new safeguarding arrangements in place and to publish the arrangements.</p>	<p>Assurance</p> <p>Safeguarding and Looked After Children Working Group (SLAC). Quarterly Assurance meetings Chaired by CCG Lead Director for Safeguarding Children reviews S11 arrangements continually and reviews compliance with Accountability and assurance framework for safeguarding vulnerable people and CQC Safeguarding Inspection requirements. The SLAC reports to Integrated Governance Committee. Action plans developed following SCRs, and SCR audits are monitored. SCRs published on LCSB website. Annual Report updated annually detailing work of Safeguarding and LAC Team. Looked After Children Annual Report detailing work of Safeguarding and LAC Team. Public Health Annual CDOP report detailing annual review of work undertaken and recommendations. Regular Safeguarding GP Bulletins, training and GP visits Multi-Agency Improvement Board now established responsible for improvements following OFSTED inspection. LSCB manager now in post and is a member of the SLAC, providing link between CCG and LCSB. Deep dive undertaken by NHSE - assured Safeguarding Quick Guide for GPs developed. The LSCB has effective quality assurance information and analysis of the performance of the board or its partners. Full OFSTED inspection due in early 2018 for social care and looked after children. LSCB dataset KPIs reported to the board quarterly. OFSTED inspection completed – reported published 9 May 2018 Risk reviewed at Children’s and Maternity Programme Board. Discussed safeguarding arrangements with regards to health visiting and school nurses. The Director of Children’s Commissioning and Improvement; (LCCG and LBL) is the delegated senior CCG safeguarding children lead. The Director is a member of the CCG Governing Body and LSCB Business Management Group and has the responsibility and authority for ensuring full collaboration with the new statutory arrangements.</p> <p>Gaps in Assurance</p> <p>9th May 2018 Ofsted published their report into the inspection of services for children in need of help and protection, children looked after and care leavers. Their overall conclusion was that children’s services in Lambeth require improvement to be good. Specific judgements are as following: Children who need help and protection – requires improvement Children looked after and achieving permanency– requires improvement - Adoption performance – inadequate - Experiences and progress of care leavers – requires improvement -Leadership, management and governance – requires improvement</p>	Catastrophic	Unlikely	10	<p>Two SCR’s underway jointly with Greenwich (led by Greenwich) and Bromley (led by Lambeth). Implement subsequent SCR commissioning recommendations as required - action plan updated and being implemented. Lambeth SCB have commenced a new SCR. The TOR have been agreed and an independent author appointed. SCR L Joint review Croydon and Lambeth was published on 22 August 2018. All agencies in both Croydon and Lambeth LSCBs are fully in agreement and committed to putting into practice the lessons highlighted in the SCR. The LA/ CSC improvement senior leadership team are developing an on-going improvement plan to address the further improvements that are required following OFSTED inspection. Transitional arrangements to be followed: partners to agree new arrangements within 12 months of the new Act commencing, once published, partners have three months to implement, then LSCB will cease to exist.</p>	Catastrophic	Rare	5	31-Mar-2021
2A	Possible risk to service quality and safety of community nursing due to	Liz Clegg	Major	Likely	16	<p>Controls</p> <p>Nursing Practice Development Team; education and training programmes in place, including training on mental health and lone working..</p>	<p>Assurance</p> <p>Workshops held with key partners and stakeholders to test the vision for the service with them. Safe staffing levels reviewed and regularly signed off by</p>	Major	Possible	12	<p>Going forward GSTT plan to: Introduce mobile technology - mobile devices roll out continues across community nursing. Carenotes upgrades continue. IT Strategy to install WiFi in all sites and upgrade networks. Wifi deployed in</p>	Moderate	Unlikely	6	31-Mar-2019

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	failure to implement the Service Improvement Plan for Community Nursing					<p>Introduction of clinical Fridays. Clinical leadership team in place. Development of wider partnership working. Regular deep dive into workforce profile and safe staffing. Demand & capacity work. 24/7 community nursing care - OOH service, PAL@home managing End of Life and clinical emergency out-of-hours. Roles in phlebotomy, pharmacy technicians to support nursing teams in practice are in place and two dedicated roles for end of life care Clinical handovers in place across all locations. Community nurses clustered and working in defined geographical areas. Response form in place to inform GP's why a referral is declined. Referral form for management of continence for Lambeth and Southwark GPs. Re-launched Pressure Ulcer and Infection Control strategies and review of local pressure ulcer action plan. Provision of administrative and extra governance support to clinical teams. Single point of access. Reviewed standards and practice including safeguarding, infection control, End of Life, medicines management and documentation. Revised job plans. Completed implementation of the Transformation plan. Developed community matron workforce including deputy matron. Community Matrons working with KCH and GSTT on in-reach to wards to support discharge of patients identified as frequent users of A&E. Also working in the @home service. Consistent support for new starters and trainees</p> <p>Gaps in Controls Implementation of mobile technology.</p>	<p>the Chief Nurse Friends and Family Survey and measurement of services through in house surveys. Monthly patient satisfaction questionnaire in place to Measure patient confidence and satisfaction in @home service Monthly DN team analysis of patient feedback surveys/targets and agreed actions. District Nurse Quality Forum in place Ongoing evaluation of Buurtzorg Risk reviewed at the Committee in Common (Older adults and mental health)</p> <p>Gaps in Assurance Establishment of a wound management KPI and for KPIs for diabetes, end of life and continence. Audit data to support embedding of response form to GP when referral is declined.</p>				<p>some community buildings. Mobile working business case approved and now moving into implementation phase. Community nurses clustered and working in defined geographical areas. A review of geographical areas on place based care model in development with Buurtzorg. Exploring joint clinical supervision with primary care for nurses. Neighbourhood nursing – approval gained from CNO to take forward neighbourhood nursing across District Nursing over a 2-5 year period. The first stage is to move teams to place based care based (walking the patch in 20 mins) starting with Bermondsey. Development of draft KPIS for EOL. Audit to determine GPs receiving information on declined referrals CCG: To continue to monitor improvement via CQRG and contract monitoring meetings. Additional action plan agreed between CCG and GSTFT regarding communication with General Practice.</p>				
2B	Zero Tolerance Risk - Possible risk of failure to safeguard adults and identify and respond appropriately to abuse.	Liz Clegg; David Rowley	Major	Likely	16	<p>Controls Accountability and Assurance Framework for Safeguarding Vulnerable People in the NHS London Multi-agency policies and procedures Care Act Statutory Guidance NHS Lambeth Adult Safeguarding Guidance for General Practice Self assessment for Care Act compliance Commissioning safeguarding policy (adults and children) NHS Lambeth adult safeguarding executive lead Governing Body Safeguarding Adults lead Designated nurse for adult safeguarding CCG membership of Lambeth Safeguarding Adults Board DBS checks where appropriate for CCG staff and CCG Independent Contractors by HR team. Safeguarding requirements for contracts set out in NHS national contract Level 1 Safeguarding Training for CCG staff Basic Prevent Awareness Training for CCG staff LSAB Information Sharing Protocol London SAB self audit tool CCG Prevent Policy Designated Doctor for Adult Safeguarding in post</p> <p>Gaps in Controls Adult safeguarding supervision in primary care</p>	<p>Assurance NHS E deep dive of safeguarding process undertaken; assured as good in most areas. Provider safeguarding presentations at CQRG CCG Safeguarding Lead attendance at provider Safeguarding Committees Annual CCG Safeguarding report for SAB and IGC CCG Safeguarding Level 1 training database maintained CCG Prevent Awareness database maintained Attendance at Safer Lambeth Executive Attendance at Channel Panel Close working with Lambeth Council Safeguarding team Safeguarding lead attending commissioning meetings about care homes CCG contribution to multi-agency work at the Lambeth SAB CCG has completed ADASS safeguarding adults assurance tool Designated Lead programme of visiting GP practices to discuss safeguarding Major providers have completed SAB self audit tool Prevent information session for GP practice SG leads Risk reviewed at the Integrated Governance Committee</p> <p>Gaps in Assurance Agreed SG data sets for major providers</p> <p>Domestic Abuse training/ referral pathway in Primary Care</p>	Major	Unlikely	8	<p>Rewrite joint Safeguarding Policy with children's - 30/10/2018 Influence NHSE contracts to strength safeguarding requirements, including agreed data sets - ongoing. SAB risk analysis tool being trialled by SAB partners. Will be fully signed off and operational by autumn – 30/10/2018 Training Needs Analysis and strategy for primary care being developed – 30/10/18 Audit of Primary Care Safeguarding Policies being undertaken 30/10/18 Support Primary care with training/ referral pathway for Domestic Abuse – 31/12/18</p>	Major	Unlikely	8	30-Sep-2018
2M	Likely risk to service delivery due to vacancies in community nursing resulting in inability to provide quality safe community nursing	Liz Clegg	Major	Likely	16	<p>Controls GSTFT have put the following actions in place:- Sustained, intensive recruitment campaign and implementation of recruitment strategy Transition training programme Increased number of District Nursing training placement Increased number of student nurses on community placement Increased rotations into community placements and between community nursing teams. More flexible working available for staff. Health and Wellbeing Programme. Plans to develop a new model for community nursing working with health and social care partners and</p>	<p>Assurances Discussed at quarterly basis at GSTFT Clinical Quality Review Group. Discussed at GSTT contract monitoring meeting Detailed vacancy report provided on quarterly basis and circulated to CQRG and GP Federations Staff new to working in community settings going through the Transition Training Programme which has been accredited by King's College London. Provision of District Nurse trainee places. Provision of final placement student nurse trainees. Introduction of the FLIP programme where nurse training is mostly community based. Significant increase in the number of trainee nurses</p>	Major	Likely	16	<p>GSTFT forward plan: Pilot of Ipad use completed with positive outcomes. Mobile working devices continue to be the strategy for community nursing. Sept 2018 - Mobile working business case approved and now moving into implementation phase. Overall community nursing vacancies are reducing but the service remains challenged. District Nursing vacancy continues to reduce below 20%. Rolling advert for DN service and inpatient units and applicants for every advert. Continue to recruit for neighbourhood nursing posts. Approval gained from CNO to take forward neighbourhood nursing across District Nursing over a 2-5 year period. Clinical Leadership Programme for Band 6 and 7 nurses to roll out</p>	Major	Possible	12	30-Sep-2019

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						citizens. Daily and weekly demand and capacity planning for DN and @home which is fed into the trust daily status on capacity. Weekly review of the nursing workforce across the organisation with the Chief Nurse. Increased work and support for management of mental health patients. Gaps in Controls None noted.	places GSTT agreed to support. Transfer of agency to substantive posts. Transition training programme evaluated with positive outcomes. National benchmarking undertaken with favourable results. Risk reviewed at the Committee in Common (Older adults and mental health) Gaps in Assurance None noted				Sept 2018 CCG: To continue to monitor recruitment levels via CQRG, contract monitoring meetings. Additional action plan agreed between CCG and GSTFT regarding communication with General Practice.				
2Q	Likely risk that practices are not fully trained to enable them to utilise the e referral service, GSTT and Kings do not provide enough directly bookable appointment slots and lack of available appointments on the E-Referral system results in utilisation rate of e-referrals not improving and does not meet ERS target (80% by Oct 2017 and 100% paperless by Oct 2018)	Sara White	Moderate	Possible	9	Controls Nominated executive director lead for ERS identified in all SEL organisations, Director for Integrated Commissioning Adults is the executive lead for Lambeth. Lambeth and Southwark ERS Steering Group - oversees ERS utilisation across LSB including progress being made against achieving the national CQUIN trajectories. Planned Care Work Streams - ERS is one of the cross-cutting workstreams of the planned care board. GSTT internal governance - the trust have an internal steering group chaired by the deputy director of operations. GST and KCH both have e-RS plans in place that they are working to. Letter sent to all CEOs re ERS utilisation and ERS paper switch off programme from NHSE and NHSI. National programme launched to oversee paper switch off to be delivered through collaborative approach with NHSE, NHSI and NHS Digital. CCG ERS utilisation plan developed in line with Trust trajectories for paper switch-off (PSO) Ongoing comms with GP Practices about the planned switch and phases completed by GST and KCH. Ongoing updates provided on other Trusts such as St Georges and Moorfields. GSTT has completed PSO KCH has completed 2 phases next PSO is July 2018 and final Sept 18. The CCG continue to produce bi-weekly information and updates on ERS in the GP Bulletin for Primary Care including 'Top Tips' for using the e-RS System. e-RS draft Standard operating Procedures in place to be agreed by the steering group. Ongoing support and training is offered to all GP Practices and to GP Practices who either request it or are identified as not increasing e-RS Usage. Gaps in Controls None	Assurances Lambeth and Southwark e-RS Steering Group with accountability into Planned Care Board Monthly performance reports reviewed and issues flagged to IAPB Practice level utilisation rates are being sent out in the monthly GP data packs and utilisation is now calculated locally still using MAR data. ERS update monthly at Lambeth Integrated Adults Programme Board Risk reviewed at the Integrated Adults Programme Board Bi-weekly teleconference with GSTT and KCH to resolve any e-RS issues. Ongoing bi-weekly teleconference with SCCG, BCCG & LCCG to review the CCG e-RS Plan and discuss cross borough working. Focus on GP training and delivery of group training sessions and individual GP Practice training sessions delivered by the GP IT Facilitator. Four e-RS group training sessions delivered by the IT Facilitators to GP Practices between July – Sept In Lambeth and two in Southwark. All sessions were well attended by GP's and admin staff with positive feedback. More than 30 Individual GP Practice visits have been recorded by the IT Facilitator to support Practices and sett- up processes delivered Kings have submitted detailed e-RS switch off plan and have rolled out phase 1 and 2 (Dec and Feb) Ongoing e-RS Steering group meetings quarterly. Bi weekly attendance at the CCG Practice Quality Support group meetings to discuss e-RS utilisation rates by GP Practices. Regular updates on e-Rs at Locality meetings by the CCG e-RS lead and working closely with the locality managers to support individual practices. Gaps in Assurance None	Major	Possible	12	Additional actions to support existing controls and assurance processes: GP IT Facilitators will deliver three e-RS webex sessions for admin staff during Sept, Oct and Nov 18 on how to manage e-RS worklists. CCG have organised an e-RS education session to be delivered by GSTT & KCH to GP Practice staff. Regular updates on e-RS are provided for GP Locality packs on how individual practices utilisation and the GP Locality as a whole usage. Lambeth and Southwark Hubs have attended the e-RS Steering group meetings. A process for referring 2ww via GP Practices has been implemented by the Lambeth Hubs Guidance on the 12 Golden Rules for using e-RS has been developed and circulated to GP Practices. Kings ongoing work on the Directory of Services. Work with GP Practices to encourage them to use e-RS for referring.	Moderate	Unlikely	6	01-Oct-2018
2T	Likely risk to meeting the target set via Better Care Fund (BCF) to reduce delayed transfers of care within the local system and associated impact on length of stay.	Liz Clegg	Major	Almost Certain	20	Controls • 8 High Impact Changes in community services • CHC Discharge to Assess Quality Standard by April 2018 • Clear escalation process for delayed transfer of care which has been disseminated to discharge teams Gaps in Controls • High Impact Changes are still being tested • Care homes near full capacity affecting discharge to assess processes • Impact of suspensions of new placements to 2 out of 3 Lambeth Council block contract care homes	Assurances • Workstreams monitored through Lambeth and Southwark Discharge Group with reporting into A&E Delivery Board • Regular escalation meetings with SLaM to review DTOC • Stable social care market with ongoing quality assurance work by the Council and CQC • Review of DTOC escalation process for effectiveness • Commissioners participating in weekly DTOC meetings with GSTT, KCH and SLaM to support streamlining processes, including escalation where required. • Lambeth and Southwark Transfer of Care Group TOR refreshed to respond to the High Impact Changes Jan 2018. Risk reviewed at the Committee in Common (Older adults and mental health) Gaps in Assurances None identified	Moderate	Likely	12	• Work streams to implement each of the High Impact Changes • Work stream to implement CHC Discharge to Assess Quality Standard: D2A group meeting regular and pathway in place, number of patients at both acute sites now on D2A pathway, and review/learning being used to iron out process issues. Lambeth hit the trajectory target in December. New target set by NHSE to bring delivery on the target forward which will put further challenge ability to deliver the revised trajectory. Recovery plan in place. • Commissioners also actively participating in Kings College Hospital's recovery programme, escalation processes reviewed. • Lambeth and Southwark took part in NHSE Urgent Care Whole System programme which has a focus on long stay patients and would expect this to have positive impact on DTOC performance. Workplan in place. • Established use of trusted assessor (TA) role with one Council block contract home, and GSTT/KCH. Other two homes to participate once suspensions are lifted.	Major	Possible	12	30-Sep-2018
2Z	Risk that Non-Delivery of the Medicines Optimisation	Vanessa Burgess	Major	Likely	16	Controls Financial incentive attached to the Medicines Optimisation Scheme. Work with Medicines optimisation Clinical Leads / CCG	Assurances Quarterly Primary Care Prescribing Dash board OptimiseRx reporting NHS Business Services Authority prescribing data	Major	Possible	12	Implementation plan on NHS E POM (low value medicines) areas – dosulipin lidocaine, patches, trimiprimine, co-proxamol – part1 is finalised and part 2 in development. Recruitment of practice pharmacists via NHS E programme joint with	Major	Possible	12	31-Mar-2019

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	Scheme 2018-19 will impact on achievement of QIPP savings, CCG financial balance, patients not receiving evidence based cost effective medicines					<p>Clinicians, Federations and Local care Networks to ensure engagement.</p> <p>Overspending practices plan in place.</p> <p>Annual practice visits during quarter 1 to discuss the Scheme in more detail and encourage early implementation.</p> <p>MO Scheme Launch events.</p> <p>Presentation of Scheme at Practice Managers Forum, Practice Nurse Forum, Non-medical prescriber's forum, Lambeth Locum group, GP Trainee group and practice pharmacists' network.</p> <p>Sharing of relevant Scheme information with Lambeth Community Pharmacy, Optometrists and Dental contractors, Out of hour's services, Access Hubs etc.</p> <p>Medicines initiatives fully integrated into long term conditions pathway & transformation work thus maximising synergies.</p> <p>Increasing numbers of GP practices employing pharmacists to escalate delivery. Collaborative approach to delivery with acute & community sector pharmacists.</p> <p>Established clinical leadership for medicines via CCG Governing Body and Borough prescribing committee, and at scale via the Area Prescribing Committee.</p> <p>Practices encouraged to consult with PPGs regarding any improvements to prescribing policies e.g. self-care and repeat prescribing.</p> <p>Inclusion of lay membership on the Borough Prescribing Committee and use of Citizen engagement forums such as the Patient Participation Network to request feedback on approaches.</p> <p>Update on practice/locality prescribing budget position and MO Scheme at locality meetings to encourage practice and peer discussion.</p> <p>Adoption of Area Prescribing Committee developed treatment pathways, shared care guidelines and new medicines recommendations to manage place in therapy of drugs and associated costs.</p> <p>Guidelines and Pathways uploaded onto DXS, Optimise Rx and CCG intranet to encourage awareness</p> <p>Gaps in Controls</p> <p>Just over a third of Lambeth practices currently employ practice pharmacists – NHS England funding has been awarded to implement pharmacists across all Lambeth practices via the Federations. Target is to aim for 50% population coverage in 18/19.</p> <p>Implementation plan on NHS E POM (low value medicines) – dosulipin lidocaine, patches, trimiprimine, co-proxamol – requires SLAM engagement and SEL APC wide implementation.</p> <p>Awareness in wider population of the medicines waste initiative.</p> <p>Cost pressures from new medicines launched in 18/19, growth seen particularly in diabetes medicines and devices.</p> <p>Inability to control unstable nationally agreed prices of a number of generic medicines.</p> <p>Implications on medicines usage of Brexit are as yet unclear – may lead to instability of prices and over-ordering of medicines by the public in Q4.</p>	<p>NHS England Medicines Optimisation Dashboard</p> <p>CCG Finance Team monthly prescribing PMD data</p> <p>National benchmarking via London Procurement Project, PrescQIPP and NHS Benchmarking Programme</p> <p>Risk reviewed at the Integrated Adults Programme Board</p> <p>Gaps in Assurance</p> <p>Lack of Implementation plan on NHS E POM (low value medicines) areas – dosulipin lidocaine, patches, trimiprimine, co-proxamol.</p> <p>Number of practices with a practice pharmacist in place – recruitment via NHS E programme joint with federations or direct practice employment.</p> <p>NHS E Practice Pharmacist KPIs</p> <p>Implementation plan for the outcome of the NHS E Self Care Recommendations.</p> <p>Communication plan and PPG events to promote medicines waste initiatives</p> <p>Guidelines and implementation plan in place for new diabetes medicines and devices.</p> <p>Nationally set prices of a number of generic medicines – we are monitoring but unable to control locally.</p> <p>Liaison with national initiatives to help manage the implications on medicines usage of Brexit which are as yet unclear – may lead to instability of prices and over-ordering of medicines by the public in Q4.</p>				<p>federations or direct practice employment is complete.</p> <p>Implementation plan for the outcome of the NHS E Self Care Recommendations is almost complete.</p> <p>Communication plan and PPG events to promote medicines waste initiative has been procured and awaiting launch</p> <p>Guidelines and implementation plan for new diabetes medicines and devices almost complete.</p> <p>Implications of Brexit on medicines use and prices to be managed and mitigated where possible</p>				
8D	Risk of possible failure to plan for future premises needs at Clapham Park	Christine Caton	Moderate	Possible	9	<p>Controls</p> <p>NHSPS is project managing implementation of ETTF funded Phase 1.</p> <p>CCG, NHSE and ETTF PAU supporting development of practice business case</p> <p>Preparation of Phase 2 Business Case or application for Community Interest Levy Funding</p> <p>Approval through Joint CCG/LBL Management Team ahead of submission through LBL AIMG and AMCAP process</p> <p>Gaps in Controls</p> <p>Current lack of CCG estates support to take this work forward.</p>	<p>Assurance</p> <p>Regular updates to LCCG Governing Body meetings</p> <p>Regular discussion with Practice/NHSE</p> <p>Risk reviewed at Integrated Governance Committee</p> <p>Risk reviewed at Community Based Care Programme Board.</p> <p>Oversight at Lambeth Estates Forum</p> <p>Gaps in Assurance</p> <p>None identified</p>	Major	Possible	12	<p>CCG is recruiting to estates project manager support across Lambeth, Greenwich and Bromley CCGs.</p> <p>CCG applying to LBL to secure CIL Funding for Phase 2 development linked to Clapham Park Development by October 2018.</p>	Minor	Unlikely	4	31-Aug-2018

Corporate Objective 2.1 Sustainable Delivery and Governance - To secure delivery of the NHS constitutional rights and pledges for all Lambeth residents.

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2U	Likely risk that acute trusts will not achieve improvement trajectories to meet 95% A&E target	Kelly Hudson; Sara White	Major	Likely	16	<p>Controls A&E Delivery Board meets monthly for Lambeth & Southwark and feeds into the SEL A&E Delivery Board. Surge Hub provides assurance to NHSE/I via daily performance monitoring across SEL. Escalation protocols in place for periods of high pressure in ED, including linking in with the Winter Director for NHSE/I.</p> <p>The six South East London Clinical Commissioning Groups (CCGs) have awarded a new contract for an Integrated Urgent Care (IUC) service to London Ambulance Service NHS Trust. The contract has been awarded by Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark CCGs. The new service will replace and enhance the existing South East London 111 service and the call handling and telephone consultation elements of the SEL GP out of hour's services. The new service will not only benefit those who call NHS 111 for urgent expert advice, but it is essential to help reduce demand and allow A&Es to treat those who need emergency, life-saving care and is to go live at the end of October 2018.</p> <p>Gaps in Controls GSTT management of higher than planned attendances throughout the quarter (Q1) with patients arriving in surges creating long waits.</p>	<p>Assurances Surge Hub monitors performance daily and provides support to trusts and the system. Representation on A&E Delivery Board from system partners including LAS, Mental Health, Continuing Care, Social Care, NHSE/I, HLP, Primary Care Federations etc. so that MDT issues arising can be investigated/escalated and resolved appropriately. Winter and Bank Holiday planning co-ordinated for SEL (through Surge Hub) to ensure robust plans in place. Lambeth and Southwark CCGs and providers are collaboratively working together to ensure winter preparedness with the Lambeth and Southwark 2018/19 Winter Plan due for submission. A South East London Winter Exercise Workshop will be held for commissioners and providers on the 13th September 2018. This will be scenario based case studies to stress test the winter schemes. Governance arrangements have been made to oversee the mobilisation of the new Integrated Urgent Care Service.</p> <p>Gaps in Assurance None</p>	Major	Likely	16	A GSTT Urgent & Emergency System call with NHS Improvement took place on the 24th July as the trust did not meet the 95% 4 hour target standard during Q1 2018/19. GSTT reported that they were seeing higher than planned attendances throughout the quarter (Q1) with patients arriving in surges creating long waits. Internal and external key actions have been developed to address the unplanned activity.	Major	Possible	12	31-Mar-2019
2V	Likely risk that the CCG will not achieve the improvement trajectory for meeting the access to cancer treatment as measured by 62 days from GP referral to treatment impacting on the CCG quality premium and assurance framework	Harriet Agyepong	Major	Likely	16	<p>Controls Trusts have developed actions plans to deliver their 62 day trajectory including a SEL Recovery plan specifically focusing on shared pathway actions and performance. Monthly performance meeting with acute trusts – focus on internal trust performance and actions relating to them. This will cover areas not picked up by the 62 day leadership group (see below). Fortnightly system leadership group – 62 day leadership meeting, with a focus on the shared pathway actions and performance. The SCCD (Shared Care Cancer Delivery Team) the operational arm of the ACN – virtual team including commissioners to progress actions on a day to day basis. Monthly ACN Steering group. Monthly Members Board – a trust CEO, COO board which will facilitate trust level escalation where plans are not being progressed.</p> <p>Gaps in Controls None identified</p>	<p>Assurances Trust level plans and SEL recovery plan with SMART actions and senior level action owners. Trust performance reports for performance meetings; monthly performance against trajectory by trust and CCG; minutes of performance meetings; CCG Integrated Governance report papers. Trust performance report to 62 day leadership group showing progress updates for actions by trust and tumour type; minutes and action log from 62 day leadership meeting. Reports showing KPIs for - time to first outpatient (shared pathway commitment); action plans RAG ratings Papers and minutes of the monthly Members Board</p> <p>KPIs for all shared pathway commitments have been developed to allow near time monitoring of impact of actions</p> <p>Gaps in Assurance None identified.</p>	Major	Likely	16	No current actions as no gaps or assurances identified.	Major	Possible	12	31-Dec-2018
2X	The risk that the number of long waiters (waiting more than 52 weeks) is not half (or less than) the level at March 2019 than it was at March 2018 resulting in long waits for patients	Harriet Agyepong	Major	Likely	16	<p>Controls GSTT and KCH both have agreed trajectories to reduce the number of long waiters to zero over the course of the year. This is over and above the national requirement. Specialty level plan and trajectory for key specialties with long waiters for GSTT. Monthly performance meeting with acute trusts. A specialty level action plan has been provided by KCH, including senior level ownership.</p> <p>Gaps in Controls Assurance regarding KCH ability to deliver the capacity requirements of their plan.</p>	<p>Assurances Contract documentation Monitoring reports showing performance against trajectory. Minutes and action log for monthly meetings.</p> <p>Gaps in Assurance None</p>	Major	Likely	16	Although RTT recovery assumptions for 2018/19 are signed off, with underpinning actions, further work is required to provide additional assurance in relation to KCH capacity/activity plan - expected to available Oct.	Major	Possible	12	31-Mar-2019
2Y	Risk that the CCG is not able to maintain the PTL size at March 18 levels (The PTL size is the total number of patients on the waiting list) increasing the challenge of trying to effectively manage care for patients waiting for elective appointments or	Harriet Agyepong	Moderate	Likely	12	<p>Controls GSTT, LGT and KCH all have agreed trajectories to deliver reduced PTL size (trust wide) by March 19, which are reflected in start year contracts. In addition the trusts have agreed trajectories to improve RTT performance levels of incomplete, which is over and above the national requirement and should further the reduction of PTL size. Activity plan for GSTT for RTT delivery. Monthly performance meeting with acute trusts. A specialty level action plan has been provided by KCH, including senior level ownership. A specialty level action plan has been provided by LGT, including senior level ownership.</p> <p>Gaps in Controls</p>	<p>Assurance Contract documentation Monitoring reports showing activity levels against plan. Monitoring reports showing monthly PTL size; minutes and action log for monthly meetings.</p> <p>Gaps in Assurance None</p>	Moderate	Likely	12	No current actions as no gaps in controls and assurances.	Moderate	Possible	9	31-Mar-2019

Code	Description	Operational Lead	Original Risk Impact	Original Risk Likelihood	Original Risk Score	Existing Controls / Gaps in Controls	Assurances	Current Risk Impact	Current Risk Likelihood	Current Risk Score	Action Plan Summary	Target Risk Impact	Target Risk Likelihood	Target Risk Score	Target Date
	treatment.					None identified.									

Corporate Objective 2.2 Sustainable Delivery and Governance - To ensure good governance, financial stability of the local health economy, VfM and the delivery of statutory responsibilities

Code	Description	Operational Lead	Original Risk Impact	Original Risk Likelihood	Original Risk Score	Existing Controls / Gaps in Controls	Assurances	Current Risk Impact	Current Risk Likelihood	Current Risk Score	Action Plan Summary	Target Risk Impact	Target Risk Likelihood	Target Risk Score	Target Date
5AFP CC	Risk that the allocation for NHS Lambeth CCG's delegated primary care commissioning is not sufficient to meet forecast 2018/19 budgets	Christine Caton	Moderate	Likely	12	Controls Final budgets were issued in May 2018 and were reviewed by CCG finance teams. CCG review of budgets to capture all issues to be addressed. Gaps in Controls None	Assurances SEL Primary Care Finance Team (seconded from NHSE and hosted by Southwark CCG) is in place and fully established SEL Task and Finish Finance and Contracting Group established to ensure finance and contracting systems processes are in place and that there is effective joint working between CCG and aligned NHSE teams CCG Task and finish group for Primary Care established Oversight by the Primary Care Commissioning Committee Oversight by the Finance and QIPP Working Group as part of the CCG's overall financial position Risk reviewed at the Primary Care Working Group Gaps in Assurance Need further assurance on basis of premises budgets	Moderate	Likely	12	Detailed review of 2018/19 budgets with SEL Finance Primary Care Team has been undertaken during April and May 18 CCG funded additional resources to reduce impact of deficit in delegated primary care. 2018/19 review of specific areas in budgets agreed with SEL Finance Primary Care Team Lead and to follow up with NHSE team Work with SEL Primary Care team to identify scope for budget reduction across primary care to reduce deficit ongoing	Moderate	Possible	9	31-Mar-2019
6D1	CCG are unable to comply with its legal responsibilities as a Data Controller under EU General Data Protection Regulation (GDPR) 2016/679 from 25/05/2018 impacting on the ability to process data in line with third party expectations	Una Dalton	Moderate	Likely	12	Controls <ul style="list-style-type: none"> GDPR compliant policies and processes across the CCG. Review all PCD processes from Data Creation through to instruction including provider/supplier assurance. Identify all flows of data controlled under GDPR. Identify and complete a DPIA for all data processing, using a documented not required/required process. Development of CCG Records of Processing. Up to date and IG assured contracts/SLAs and contracts/SLA register GDPR compliant DPIA documentation published Gaps in Controls <ul style="list-style-type: none"> Minimal policies and processes are currently GDPR compliant. Until all areas have completed and verified the data flows, the CCG remains at risk of non-compliance to GDPR requirements. DPIAs required for current processing that does not have a DPIA, which requires one. Single point of documentation for Contracts/SLAs not yet in place. Gap Analysis of Service/workstream review. 	Assurances GDPR implementation plan in place and progress reviewed at the IGSG. Risk reviewed at Information Governance Steering Group Gaps in Assurances None	Moderate	Likely	12	<ul style="list-style-type: none"> Endorse and enforce updated policy and processes changes due to GDPR – Information Governance Management Framework 2018-19 has been reviewed and update to align with DPA 2018 including; Data protection officer, privacy by design, updating hyperlinks, Toolkit references. This will be presented to Oct IGSG for approval. Identify and embed an Information asset owners group to ensure documentation and appropriate authorisation of data flows - Information Assets and Data Flows mapped by all teams. DPIA's and information sharing agreements still need to be supplied by teams. Create communications with management endorsement to enforce the requirement to retrospectively and prospectively complete a DPIA for processing that is required to be documented - Layered communication sent by IG on Fri 27/04/2018 for dissemination. GDPR presentation in July staff briefing. GDPR Incident reporting briefing in Aug Bulletin as well as July slides from staff briefing. Engage with all directorates and key departments where the majority of data is processed which is required to be GDPR compliant - Team reviews in progress and teams processing personal identifiable information have identified a lawful basis for their processing under GDPR. Publish records of processing - this will follow after the Team Review Meetings are completed. Establish and obtain management endorsement for a single point of truth for contracts/SLAs, including the process to ensure GDPR - this will follow after the Team Review Meetings are completed Approval of assurance mechanisms for provider/supplier monitoring - this will follow after the Team Review Meetings are completed 	Minor	Unlikely	4	31-Dec-2018
6M	There is a risk CCG data held on the incident management system is not securely protected due to gaps in the contract held with software provider, resulting in a potential breach of data and loss of public confidence in the CCG	Una Dalton	Major	Unlikely	8	Controls <ul style="list-style-type: none"> Contract in place and reviewed Gaps in contract identified Discussion with software provider and at IGSG PIA in place regarding changes to plans for remote access by provider - approved by IGSG Nov 2017 IGSG. Gaps in contract <ul style="list-style-type: none"> It is not specific to the CCG The scope is not defined There is no appropriate clause regarding confidentiality and protection of commercially sensitive information 	Assurances There have been no issues in the previous 3 years Risk to be reviewed at Information Governance Steering Group Gaps in Assurance No assurance available that any of the gaps mentioned are in place or addressed, as these are not referenced in the contract.	Major	Possible	12	Regular review at IGSG Contract rolled over at end of April 2018. GDPR addendum provided and reviewed by IG team. Initial contract unchanged so gaps remain. CCG has written to software provider regarding gaps and requested a response. Addendum not yet signed.	Minor	Unlikely	4	31-Oct-2018

Code	Description	Operational Lead	Original Risk Impact	Original Risk Likelihood	Original Risk Score	Existing Controls / Gaps in Controls	Assurances	Current Risk Impact	Current Risk Likelihood	Current Risk Score	Action Plan Summary	Target Risk Impact	Target Risk Likelihood	Target Risk Score	Target Date
						<ul style="list-style-type: none"> There is no information about the management of sub-contractors and auditing There is no reference to staff training regarding confidentiality There is no reference as to how data will be shared There is no reference to Data Protection Act There is no reference to business continuity and disaster recovery Datix has 6 months to remedy any breach There is no reference to incident reporting There is no reference to customer records There are no signatories on contract Contract is not GDPR compliant 									
6Q	Business Continuity Management Plan Risk - London Health Resilience Partnership Risk Register lists a risk of a significant failure of the major utility infrastructure as a medium risk. This would mean a widespread loss of the of telecoms network for over a 24 hr period rendering the site un-usable for the duration of any interruption.	Una Dalton	Catastrophic	Almost Certain	25	Controls Corporate business continuity Plan Internal HR arrangements Remote working capabilities Internal Communications management Critical supplier business continuity compliance Critical supplier ICT disaster recovery compliance Gaps in Controls None	Assurances Annual business continuity testing and exercising regime ICT BCP reviewed as part of Data Security and Protection Toolkit Risk reviewed at Management Team Meeting Gaps in Assurance None	Moderate	Likely	12	Review of corporate business continuity arrangements - Dec 2018. Review of ICT disaster recovery arrangements - March 2019 Annual business continuity testing and exercising regime - Jan 2019. Continued campaign of staff awareness to business continuity and resilience issues Commitment to participating in appropriate multi-agency exercising Commitment to regular review of communications procedures and details	Moderate	Likely	12	31-Mar-2019
6S	Business Continuity Management Plan Risk - London Health Resilience Partnership Risk Register lists a risk of a significant failure of the major utility infrastructure as a medium risk resulting in a widespread loss of the water, gas, electricity for over a 24 hr period rendering the site un-usable for the duration of any interruption.	Una Dalton	Catastrophic	Almost Certain	25	Controls Corporate business continuity Plan Internal HR arrangements Remote working capabilities Internal Communications management Critical supplier business continuity compliance Gaps in Controls None	Assurances Annual business continuity testing and exercising regime Risk reviewed at Management Team Meeting Gaps in Assurances Review of NHS Property Services BCPs	Moderate	Likely	12	Review of corporate business continuity arrangements - Dec 2018 Review of key Corporate critical supplier business continuity - Dec 2018 Annual business continuity testing and exercising regime - Jan 2019 Continued campaign of staff awareness to business continuity and resilience issues Commitment to participating in appropriate multi-agency exercising Commitment to regular review of communications procedures and details	Moderate	Likely	12	31-Jan-2019
6T	Business Continuity Management Plan risk - There is a risk that staff may be targeted by internet fraudsters looking to exploit their personal information to gain access to the secure computer servers. This could lead to a major data breach and a potential loss of secure patient data.	Una Dalton	Major	Likely	16	Controls Corporate business continuity Plan Internal HR arrangements Remote working capabilities Internal Communications management Critical supplier business continuity compliance Gaps in Controls None	Assurances Annual business continuity testing and exercising regime Data Security and Protection Toolkit Risk reviewed at Management Team Meeting Gaps in assurance None	Moderate	Likely	12	Review of corporate business continuity arrangements - Dec 2018 Review of internal Information governance best practice and arrangements - March 2019 Annual business continuity testing and exercising regime - Jan 2019 Continued campaign of staff awareness to business continuity and resilience issues Commitment to participating in appropriate multi-agency exercising	Moderate	Possible	9	31-Mar-2019
7A	Possible risk that current planning and strategic approach is not	Christine Caton	Major	Almost Certain	20	Controls CCG has produced Operating Plan for 2018-19 which is awaiting final assurance from NHSI Governing Body approved the 2018/19 Financial	Assurance Finance and delivery, including QIPP reviewed at each Programme Board. Finance and QIPP Working Group reviews financial	Major	Likely	16	SEL CCGs to agree risk management approach to deliver shared control total, including new risk share agreement for GB approval - Oct 2018 Joint Five Year Strategy refresh with LB Lambeth to be completed by	Major	Unlikely	8	01-Sep-2018

Code	Description	Operational Lead	Original Risk Impact	Original Risk Likelihood	Original Risk Score	Existing Controls / Gaps in Controls	Assurances	Current Risk Impact	Current Risk Likelihood	Current Risk Score	Action Plan Summary	Target Risk Impact	Target Risk Likelihood	Target Risk Score	Target Date
	sufficiently robust to manage pressures and deliver sustainable financial position in the context of lower levels of growth in the period to 2020/21					Framework on 7 March 2018. Detailed budgets have been set on this basis. SEL CCGs have agreed a shared control total of £3.221m for the 2018-19 Operating Plan CCG produces monthly financial risk assessment for Governing Body. Gaps in Controls SEL CCGs are working to agree a shared approach to identification and management of risk, including a new risk share agreement. Five Year Strategy is to be refreshed jointly with LB Lambeth and incorporate Lambeth Together as vehicle for delivering commissioning intentions and ensure financial sustainability. SEL wide and Lambeth Financial Recovery Plans are to be developed as all SEL CCGs are in monthly escalation with NHSE because of risks on combined CCG financial position.	position of CCG in detail and provides assurance to the Integrated Governance Committee. All CCGs are required to complete Financial Control Environment Assessment to NHSE for Q1 and quarterly thereafter. SEL STP monitoring the individual and collective CCG financial position. SEL Planning and Delivery Group has oversight of 2019/20 Financial Plan. Common financial model is being used. Oversight of SEL financial position, including Financial Recovery Plans (FRP) through SEL Executive and newly created SEL Integrated Governance and Performance Committee. Risk reviewed at the Finance and QIPP Working Group Gaps in Assurance CCG is reviewing performance and assurance for QIPP Delivery and Financial Recovery				December 2018 for consultation. This will include the Lambeth Together Full Business Case. Individual CCG Financial Recovery Plan to be completed by 4 October for sign off by GB and peer review across SEL. 2019/20 Financial Plan to be developed with draft by October and to be updated in December 2018 to new allocations.				
7B	Possible risk of failure to deliver QIPP and acute overperformance leading to CCG risk on financial sustainability	Christine Caton	Major	Likely	16	Controls 2018/19 QIPP has been negotiated into provider contract to mitigate risk where possible. Production of PIDs for each QIPP scheme. Ongoing process of review and risk assessment of QIPP schemes by CCG programmes. Programme detailed deep dive sessions produced and presented to F&Q Working Group SEL Collaborative QIPP working groups are in place to develop and deliver Collaborative QIPP for continuing healthcare, medicines optimisation management costs and TAP. Gaps in Controls CCG has unidentified QIPP of approx £600k SEL wide and Lambeth Financial Recovery Plans are being developed as all SEL CCGs are in monthly escalation with NHSE because of risks on combined CCG financial position.	Assurance Finance and delivery, including QIPP reviewed at each Programme Board. Finance and QIPP Working Group reviews QIPP delivering and provides assurance to the Integrated Governance Committee. Lambeth and Southwark QIPP Group to be re-established to agree and review cross borough schemes once commissioning intentions start.. Task and Finish Groups to report to the Joint CCG/LBL Management Team on delivery CCG Star Chamber Sessions with each programme to mitigate QIPP risk and identify actions taken to reduce unidentified QIPP SEL QIPP Oversight Group reviews SEL Collaborative QIPP and local CCG QIPP delivery. Risk reviewed at the Finance and QIPP Working Group Gaps in Assurance N/A	Major	Possible	12	Task and Finish Groups to confirm plans to reduce/mitigate unidentified QIPP - plans completed and ongoing. SEL Collaborative Work Streams, including continuing healthcare to support delivery of further QIPP in 2018/19 onwards. Work with SEL CCGs through QIPP Oversight Group to increase scope/scale of QIPP and learning from best practice to identify further QIPP opportunities. Develop recovery plans to manage in year QIPP and other risks - work being finalised and due for completion in October 2018	Major	Unlikely	8	01-Jul-2018

Corporate Objective 3.1 System Transformation - Commission proactive care focused on prevention & early detection of illness; Improve outcomes for Lambeth patients, achieve better value, integrated care through transformation programmes in partnership.

Code	Description	Operational Lead	Original Risk Impact	Original Risk Likelihood	Original Risk Score	Existing Controls / Gaps in Controls	Assurances	Current Risk Impact	Current Risk Likelihood	Current Risk Score	Action Plan Summary	Target Risk Impact	Target Risk Likelihood	Target Risk Score	Target Date
3Q	Risk that the service transformation plans through the Alliance contract fail to deliver planned improvements and savings resulting in financial loss and lack of improved outcomes	Denis O'Rourke	Major	Possible	12	Controls Robust service and financial plan that has been stress tested Co-design programme being worked up that involves key stakeholders including front line staff, service users and carers etc. Clear savings targets linked to all transformation work streams Gaps in Controls STP may make decisions that impact on investment levels 5YFV targets are currently unaffordable Workforce - national/regional/local shortage in relation to key posts	Assurances Implementation plan in place Alliance Leadership Team and Committee in Common to monitor delivery plan Performance Management Framework Active participant in SEL STP Gaps in Assurance None	Major	Possible	12	Using Alliance Partners and networks to influence 5YFW delivery expectations Stakeholder events arranged to develop and test out service improvement proposals - one event held. Broader stakeholder events and focused sessions including primary care and Black Thrive in Nov and Dec 2018 Developing Workforce Strategy - October 2018	Major	Unlikely	8	31-Mar-2020
3R	Risk that demand for acute psychiatric beds is not reduced resulting in poor outcomes for delayed transfers of care and negative financial impact	Denis O'Rourke	Major	Possible	12	Controls Alliance Leadership Team Transformation Plan to reduce demand for beds Robust monitoring and review of acute bed activity, including DTOC and excessive length of stay Developing alternatives to beds including crisis house, step down and potential expansion of evening sanctuary SLAM and Acute Trust and Commissioners summit to address pressures on A&E July 2018 Action plan following July summit Gaps in Controls Implementation of transformation plan	Assurances Agreed OBD trajectory on track AMT / ALT closely review plan Performance dashboard indicator Bed management meetings Improved crisis care planning Gaps in Assurances None	Major	Possible	12	Programme Management process to implement transformation plan over next 2 years Testing of alternative provision from Oct 2018 Focused work on long stay patients on acute psychiatric wards	Major	Unlikely	8	31-Mar-2020
8C	Risk of possible failure to plan for future premises needs. Nine Elms Vauxhall Business	Christine Caton	Moderate	Possible	9	Controls Lambeth and Wandsworth CCGs have set up new constituted NEV Board and Governance; CCG is funding project post with Wandsworth CCG and NHSE	Assurance Regular updates to LCCG Governing Body meetings NEV project boards Regular discussion with Wandsworth CCG/NHSE	Moderate	Likely	12	Regular monitoring of CCG populations is being undertaken to assess growth and service change resulting from NEV population inflows by NEV Health Programme Board. Lambeth and Wandsworth CCGs to approve overarching FBC in March 2019 and NHSE approval April 2019.	Minor	Unlikely	4	31-Aug-2018

Code	Description	Operational Lead	Original Risk Impact	Original Risk Likelihood	Original Risk Score	Existing Controls / Gaps in Controls	Assurances	Current Risk Impact	Current Risk Likelihood	Current Risk Score	Action Plan Summary	Target Risk Impact	Target Risk Likelihood	Target Risk Score	Target Date
	case does not adequately prepare for the influx of residents up to 2021					Ongoing management and clinical engagement in the NEV project Review of population impact planned as part of development of FBC for Wandsworth and Lambeth CCGs. Gaps in Controls None	Engagement with LBL – Strategic Director (Commissioning) Strategic Director Neighbourhoods and Growth Risk reviewed at Community Based Care Programme Board. Gaps in Assurance None identified				Project due for completion in October 2019.				
8E	Risk of possible failure to plan for future premises needs at Crown Dale	Christine Caton	Major	Possible	12	Controls CCG has worked with practice to explore funding options as they have arisen: e.g ETTF and LIG CCG working with practice, NHSPS, SEL Strategic Estates Lead to undertake option appraisal Gaps in Controls CCG unable to submit bid for Wave 4 as schemes did not meet the VFM criteria in its current form. Current lack of CCG estates support to take this work forward. CCG is recruiting to estates project manager support across Lambeth, Greenwich and Bromley CCGs.	Assurance Regular discussion with Practice/NHSE PAU Risk reviewed at Integrated Governance Committee Risk reviewed at Community Based Care Programme Board. Oversight at Lambeth Estates Forum Gaps in Assurance None identified	Major	Possible	12	CCG to secure funding for further feasibility work – October 2018 CCG is reviewing option appraisal and has made draft submission against potential ETTF pipeline with further detail to be provided by November 2018	Minor	Unlikely	4	31-Dec-2018

Corporate Objective 3.2 System Transformation - To ensure the CCG's commissioning resource and organisational capability are effectively aligned to deliver its objectives

Code	Description	Operational Lead	Original Risk Impact	Original Risk Likelihood	Original Risk Score	Existing Controls / Gaps in Controls	Assurances	Current Risk Impact	Current Risk Likelihood	Current Risk Score	Action Plan Summary	Target Risk Impact	Target Risk Likelihood	Target Risk Score	Target Date
6C1	Likely risk of deteriorating IT service to Lambeth CCG and Lambeth GP's resulting in services being unable to operate effectively and safely	Una Dalton	Major	Likely	16	Controls • Pilot undertaken in Hetherington Practice and Waterloo Health Centre to understand NHS Local issues • IT/Digital Stock take to identify IT priorities / It resources for 2018/19 Gaps in Controls • Lack of NELCSU IT strategy and supporting action plan • Lack of clear IT Governance Framework to provide assurance to Governing Body	Assurances Monthly KPI's Weekly meeting with CSU IT Director Risk reviewed at Management Team Meeting Gaps in Assurance None noted	Major	Likely	16	Remediation Plan drafted and to be approved at the Digital Technology Group - Oct 2018.	Major	Unlikely	8	31-Mar-2019
8B	Risk of possible failure to plan for future premises needs when Lower Marsh Lease ends 2017	Christine Caton	Moderate	Possible	9	Controls Preferred option was originally approved by Governing Body in April 2017. NELCSU (majority occupant of Lower Marsh) business case approval process via NHSE received in September 2017. CCG GB approved refreshed business case in October 2017. Lease terms agreed in March 2018. CCG and CSU seeking specialist advice for assurance on cost. Gaps in Controls Confirmation of costs and process for air conditioning replacement are not yet agreed. This has been escalated with NHSPS and lease will not be signed until this has been resolved.	Assurance This is subject to discussion with landlord and the CCG Governing Body and NHSPS Risk reviewed at Community Based Care Programme Board. Gaps in Assurance None	Moderate	Likely	12	CCG and CSU working with NHSPS to agree costs that deliver VFM and minimise disruption during building works – October 2018 following escalation in June 2018 CCG to seek Governing Body re-approval of agreement to sign lease – October 2018	Minor	Unlikely	4	31-Aug-2018