

2018 Board Assurance Framework

Generated on: 04 December 2018

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</p> <p>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</p> <p>Named GP for Primary Care and Independent Contractors</p> <p>Strong safeguarding governance arrangements in place across the borough and internally</p> <p>Lead Clinical Governance Member for Children and an Executive Lead Director.</p> <p>Compliant with the accountability and assurance framework for safeguarding vulnerable people 2015</p> <p>Multi-agency FGM policy published</p> <p>Safeguarding and Looked After Children Working Group (SLAC).</p> <p>4 July 2018 two pieces of statutory safeguarding guidance published; revised Working Together to Safeguard Children statutory guidance; and Local Safeguarding – Transitional Arrangements statutory guidance.</p> <p>Gaps in Controls</p> <p>Primary care contracts are managed by NHSE. These currently do not include mandatory safeguarding training</p> <p>Potential gaps in safeguarding staff with the transfer of health visiting and school nursing budget to local authority and required savings</p> <p>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>SCRs</p> <p>Two SCR's underway jointly with Greenwich (led by Greenwich). Not yet completed</p> <p>SCR K Bromley & Lambeth (led by Lambeth). Has been completed and due to be published early 2019</p> <p>SCR L Joint review Croydon and Lambeth was published on 22 August 2018 - actions to be implemented.</p>	<p>Assurance</p> <p>Safeguarding and Looked After Children Working Group (SLAC) which reports to IGC.</p> <p>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.</p> <p>Action plans developed following SCRs, and SCR audits are monitored. SCRs published on LCSB website.</p> <p>Annual Report updated annually detailing work of Safeguarding Team.</p> <p>Looked After Children Annual Report detailing work of Safeguarding and LAC Team.</p> <p>Public Health Annual CDOP report detailing annual review of work undertaken and recommendations.</p> <p>Regular Safeguarding GP Bulletins, training and GP visits</p> <p>Multi-Agency Improvement Board now established responsible for improvements following OFSTED inspection.</p> <p>LSCB manager now in post and is a member of the SLAC, providing link between CCG and LCSB.</p> <p>Deep dive undertaken by NHSE - assured Safeguarding Quick Guide for GPs developed.</p> <p>The LSCB has effective quality assurance information and analysis of the performance of the board or its partners.</p> <p>LSCB dataset KPIs reported to the board quarterly.</p> <p>OFSTED inspection completed – reported published 9 May 2018</p> <p>Risk reviewed at Children's and Maternity Programme Board.</p> <p>Discussed safeguarding arrangements with regards to health visiting and school nurses.</p> <p>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:</p> <p>Children who need help and protection – requires improvement</p> <p>Children looked after and achieving permanency– requires improvement</p> <p>- Adoption performance – inadequate</p> <p>- Experiences and progress of care leavers – requires improvement</p> <p>-Leadership, management and governance – requires improvement</p>	Catastrophic	Unlikely	10	<p>The LA/ CSC improvement senior leadership team SELF evaluation is continuously updated post OFSTED inspection - ongoing.</p> <p>SCR L - All agencies in both Croydon and Lambeth LSCBs are fully in agreement and committed to putting into practice the lessons highlighted in the SCR - ongoing</p> <p>Action plans from SCR L are being monitored by LSCB , SCR working Group - ongoing</p> <p>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 September 2019</p> <p>CMPB are receiving an update on the HV Public Health Changes to HV's and SN services at the meeting in December 2018.</p>	Catastrophic	Rare	5	31-Mar-2021
2A	Possible risk to service quality and safety of community nursing due to failure to implement the Service	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>Introduction of clinical Fridays.</p> <p>Clinical leadership team in place.</p>	<p>Assurance</p> <p>Workshops held with key partners and stakeholders to test the vision for the service with them.</p> <p>Safe staffing levels reviewed and regularly signed off by the Chief Nurse</p> <p>Friends and Family Survey and measurement of</p>	Major	Possible	12	<p>Going forward GSTT plan to:</p> <p>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 some community buildings. Mobile working business case approved and now moving into implementation phase. Mobile working</p>	Moderate	Unlikely	6	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
	Improvement Plan for Community Nursing					<p>Development of wider partnership working. Regular deep dive into workforce profile and safe staffing. Demand & capacity work. New Nurse Associates B4 commencing in Jan 2019 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 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. 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. 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>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 Neighborhood Nursing EOL KPI's agreed Decline of GP referrals – audit completed and approx. 10% of referrals are declined, which are clinically appropriate. CCG: To continue to monitor improvement via CQRG and contract monitoring meetings. Risk reviewed at the Committee in Common (Older adults and mental health) Gaps in Assurance Establishment of a wound management KPI and for KPIs for diabetes and continence.</p>				<p>devices rolling out in Southwark for District Nurses Jan to March 2019. KPI's for diabetes and continence – delayed due to capacity of the care notes team; awaiting a timescale to be confirmed in Dec 2018.</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 LSAB Information Sharing Protocol Care Act Statutory Guidance NHS Lambeth Adult Safeguarding Guidance cards for General Practice London SAB self-audit tool Commissioning safeguarding policy (adults and children) Adult Safeguarding executive lead Governing Body Safeguarding Adults lead Designated Nurse for Adult Safeguarding Named GP 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 and WRAP Training for CCG staff CCG Prevent Policy Adult Safeguarding Roles and Competencies Gaps in Controls Joint Adult/ Children Commissioning for Safeguarding Policy needs updating Safeguarding concerns not been appropriately prioritised by the LSAB Safeguarding Supervision of Primary Care SG Adult leads</p>	<p>Assurance NHSE deep dive of safeguarding process undertaken; assured as good in most areas. Self-assessment for Care Act compliance completed Provider safeguarding presentations at CQRG Safeguarding presentation at Primary Care CQRG CCG Safeguarding Lead attendance at provider Safeguarding Committees Annual CCG Safeguarding report for SAB and IGC CCG Safeguarding Level 1 and Prevent training database maintained CCG attendance at Safer Lambeth Executive CCG attendance at Lambeth Channel Panel Close working with Lambeth Council Safeguarding team Close working with integrated commissioners and CHC commissioning team. CCG contribution to multi-agency work at the Lambeth SAB CCG has completed London SAB self-audit tool Major providers have completed LSAB self-audit tool Designated Lead and Named GP practical support for GP practices Regular GP lead safeguarding supervision sessions with children safeguarding Risk reviewed at the Integrated Governance Committee Gaps in Assurance Enhanced SG assurance frameworks for major providers Primary Care safeguarding training uptake/ needs Care Act compliance with SG policies in Primary Care Domestic Abuse training/ referral pathway in Primary Care</p>	Major	Unlikely	8	<p>Rewrite joint Safeguarding Policy with children's - 30/12/2018 Supervision network to be considered as part of the Primary Care training strategy -31/1/19 LSAB risk analysis tool being trialled by SAB partners to support appropriate prioritisation of SG concerns - 30/12/2018 Influence NHSE contracts to strengthen safeguarding assurance framework. SEL project hosted by Lewisham CCG supporting this - ongoing. Training needs analysis and training strategy for primary care being developed – 31/1/19 Analysis of current SG adult policies in Primary Care undertaken, for discussion at next Primary Care CQRG – 31/12/18 Support Primary care with training/ referral pathway for Domestic Abuse – 31/12/18</p>	Major	Unlikely	8	31-Jan-2019
2M	Likely risk to service delivery due to vacancies in	Liz Clegg	Major	Likely	16	<p>Controls GSTFT have put the following actions in place:- Sustained, intensive recruitment campaign and</p>	<p>Assurances Discussed at quarterly basis at GSTFT Clinical Quality Review Group.</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. Mobile</p>	Major	Possible	12	30-Sep-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
	community nursing resulting in inability to provide quality safe community nursing					<p>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. Approval gained from CNO to take forward neighbourhood nursing across District Nursing over a 2-5 year period. Rolling advert for DN service and inpatient units and applicants for every advert. Clinical Leadership Programme for Band 6 and 7 nurses to roll out Sept 2018 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. <u>Gaps in Controls</u> Implementation of mobile technology. Implementation of Nurse Associate role.</p>	<p>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 places GSTT agreed to support. Transfer of agency to substantive posts. Transition training programme evaluated with positive outcomes. National benchmarking undertaken with favourable results. Daily review of safe staffing in place and escalation process reviewed Nov 2018: Overall District nursing vacancies are down to 17%, which is the lowest figure for 3 years CCG: To continue to monitor recruitment levels via CQRG, contract monitoring meetings. Risk reviewed at the Committee in Common (Older adults and mental health) <u>Gaps in Assurance</u> None noted</p>				<p>working devices rolling out in Southwark for District Nurses Jan to March 2019. New Nurse Associates B4 to commence in Jan 2019</p>				
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	<p><u>Controls</u></p> <ul style="list-style-type: none"> 8 High Impact Changes in community services Commissioners also actively participating in Kings College Hospital's recovery programme, escalation processes reviewed. Workplan for Lambeth and Southwark Transfers of Care Leadership Group. Clear escalation process for delayed transfer of care which has been disseminated to discharge teams <p><u>Gaps in Controls</u></p> <ul style="list-style-type: none"> 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 	<p><u>Assurances</u> Workstreams monitored through Lambeth and Southwark Discharge Group with reporting into A&E Delivery Board Social care market requires ongoing quality assurance work by the Council and CQC Commissioners participating in weekly DTOC meetings with GSTT and KCH supporting streamlining processes, including escalation where required. Risk reviewed at the Committee in Common (Older adults and mental health) <u>Gaps in Assurances</u> None identified</p>	Moderate	Likely	12	<ul style="list-style-type: none"> Continued work streams to implement each of the High Impact Changes Review and update of Choice Protocol as part of 8 High Impact Changes – no date available Continued work to refine D2A pathway, as part of 8 High Impact – to be reviewed March 2019 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 – to be completed by March 2019 	Major	Possible	12	30-Sep-2018
2Z	Risk that Non-Delivery of the Medicines Optimisation Scheme 2018-19 will impact on achievement of QIPP savings, CCG financial balance, patients not receiving evidence based cost effective medicines	Vanessa Burgess	Major	Likely	16	<p><u>Controls</u> Financial incentive attached to the Medicines Optimisation Scheme. Work with Medicines optimisation Clinical Leads / CCG Clinicians, Federations and Local care Networks to ensure engagement. Overspending practices plan in place. Annual practice visits during quarter 1 to discuss the Scheme in more detail and encourage early implementation. MO Scheme Launch events. 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. Sharing of relevant Scheme information with Lambeth Community Pharmacy, Optometrists and Dental contractors, Out of hour's services, Access Hubs etc. Medicines initiatives fully integrated into long term conditions pathway & transformation work thus maximising synergies. Increasing numbers of GP practices employing pharmacists to escalate delivery. Collaborative approach to delivery with acute & community sector pharmacists. Established clinical leadership for medicines via CCG Governing Body and Borough prescribing committee,</p>	<p><u>Assurances</u> Quarterly Primary Care Prescribing Dash board OptimiseRx reporting NHS Business Services Authority prescribing data NHS England Medicines Optimisation Dashboard CCG Finance Team monthly prescribing PMD data National benchmarking via London Procurement Project, PrescQIPP and NHS Benchmarking Programme Risk reviewed at the Integrated Adults Programme Board <u>Gaps in Assurance</u> Lack of implementation plan on NHS E POM (low value medicines) areas – dosulipin lidocaine, patches, trimiprimine, co-proxamol. Number of practices with a practice pharmacist in place – recruitment via NHS E programme joint with federations or direct practice employment. NHS E Practice Pharmacist KPIs Implementation plan for the outcome of the NHS E Self Care Recommendations. Communication plan and PPG events to promote medicines waste initiatives Guidelines and implementation plan in place for new diabetes medicines and devices. Nationally set prices of a number of generic medicines – we are monitoring but unable to control locally.</p>	Major	Possible	12	<p>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 federations or direct practice employment is complete. Implementation plan for the outcome of the NHS E Self Care Recommendations is almost complete. Communication plan and PPG events to promote medicines waste initiative has been procured and awaiting launch Guidelines and implementation plan for new diabetes medicines and devices almost complete. Implications of Brexit on medicines use and prices to be managed and mitigated where possible</p>	Major	Possible	12	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	
						<p>and at scale via the Area Prescribing Committee. 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>	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.									

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

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
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</p> <p>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</p> <p>Escalation protocols in place for periods of high pressure in ED, including linking in with the Winter Director for NHSE/I</p> <p>New contract for Integrated Urgent Care (IUC) service to London Ambulance Service NHS Trust to replace and enhance the existing South East London 111 service. Service mobilisation in place for go-live Feb 2019.</p> <p>GSTT Recovery Plan in place.</p> <p>GSTT with support from the CCG are implementing a number of actions as part of the recovery plan and winter planning including:</p> <ol style="list-style-type: none"> 1) Increased primary care redirection during 18:00-22:00 by use of on-site GP using remote EMIS to book hub appointments until April 2019 2) Urgent Treatment Centre – additional GP and nursing, introducing streaming 3) Improving access to diagnostics for patients with a decision to admit 4) Mental health – improving pathways (working with SLAM) <p>All actions to be in place Nov-Dec 2018.</p> <p>Gaps in Controls</p> <p>None noted.</p>	<p>Assurances</p> <p>Surge Hub monitors performance daily and provides support to trusts and the system</p> <p>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.</p> <p>Winter and Bank Holiday planning co-ordinated for SEL (through Surge Hub) to ensure robust plans in place</p> <p>Lambeth and Southwark CCGs have submitted winter plans and Christmas/new year plans to NHSE. Plans reflect learning and actions from winter workshops.</p> <p>Governance arrangements have been made to oversee the mobilisation of the new Integrated Urgent Care Service.</p> <p>GSTT taking part in monthly performance calls with NHSE to review their recovery plan and provide assurance of implementation.</p> <p>Gaps in Assurance</p> <p>None noted.</p>	Major	Likely	16	No current gaps in controls or assurances.	Major	Possible	12	31-Mar-2019
2V	Likely risk that the CCG will not achieve the	Harriet Agyepong	Major	Likely	16	<p>Controls</p> <p>Trusts have developed actions plans to deliver their 62 day trajectory including a SEL Recovery plan specifically</p>	<p>Assurances</p> <p>Trust level plans and SEL recovery plan with SMART actions and senior level action owners.</p>	Major	Likely	16	No current actions as no gaps or assurances identified.	Major	Possible	12	31-Dec-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
	improvement trajectory for meeting the access to cancer treatment as measured by the standard for 62 days from GP referral to treatment impacting on the CCG quality premium and assurance framework					<p>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)</p> <p>Fortnightly system leadership group – 62 day leadership meeting, with a focus on the shared pathway actions and performance</p> <p>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.</p> <p>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>Trust performance reports for performance meetings; monthly performance against trajectory by trust and CCG; minutes of performance meetings; CCG Integrated Governance report papers.</p> <p>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.</p> <p>Reports showing KPIs for - time to first outpatient (shared pathway commitment); action plans RAG ratings</p> <p>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>Update to plans and next steps shared with Regulators at an escalation meeting in November 2018</p> <p>Gaps in Assurance None identified.</p>								
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.</p> <p>Specialty level plan and trajectory for key specialties with long waiters for GSTT.</p> <p>Monthly performance meeting with acute trusts.</p> <p>A specialty level action plan has been provided by KCH, including senior level ownership.</p> <p>Outsourcing arrangements are now in place to bridge the capacity gap identified from in house capacity</p> <p>Gaps in Controls None identified.</p>	<p>Assurances Contract documentation</p> <p>Monitoring reports showing performance against trajectory.</p> <p>Minutes and action log for monthly meetings.</p> <p>Gaps in Assurance None</p>	Major	Likely	16	No current actions as no gaps in controls and assurances.	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 treatment.	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.</p> <p>Activity plan for GSTT for RTT delivery.</p> <p>Monthly performance meeting with acute trusts.</p> <p>A specialty level action plan has been provided by LGT, including senior level ownership.</p> <p>Gaps in Controls KCH do not have a speciality level action plan to specifically address overall RTT performance as the trusts' priority is to clear long waiting patients by December with the exception of Baritrics.</p>	<p>Assurance Contract documentation</p> <p>Monitoring reports showing activity levels against plan.</p> <p>Monitoring reports showing monthly PTL size; minutes and action log for monthly meetings.</p> <p>Gaps in Assurance None</p>	Moderate	Likely	12	Although there is no RTT plan beyond long waiting patients for KCH, the ICDT and Regulators have accepted that addressing these patients is the priority, but will continue to review RTT performance by specialty and address any issues as they arise.	Moderate	Possible	9	31-Mar-2019

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	<p>Controls</p> <p>Final budgets were issued in May 2018 and were reviewed by CCG finance teams. Detailed review of 2018/19 budgets with SEL Finance Primary Care Team undertaken during April and May 18 CCG funded additional resources to reduce impact of deficit in delegated primary care.</p> <p>2018/19 review of specific areas in budgets agreed with SEL Finance Primary Care Team Lead Work with SEL Primary Care team to identify scope for budget reduction across primary care to reduce deficit by March 2019</p> <p>CCG review of budgets to capture all issues to be addressed.</p> <p>Gaps in Controls</p> <p>None</p>	<p>Assurances</p> <p>SEL Primary Care Finance Team (seconded from NHSE and hosted by Southwark CCG) is in place and fully established</p> <p>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</p> <p>CCG Task and finish group for Primary Care established Oversight by the Primary Care Commissioning Committee</p> <p>Oversight by the Finance and QIPP Working Group as part of the CCG's overall financial position</p> <p>SEL Primary Care team provided further analysis on premises costs and comparison across SEL in Nov 2018</p> <p>Risk reviewed at the Primary Care Working Group</p> <p>Gaps in Assurance</p> <p>Need further assurance on basis of premises budgets</p>	Moderate	Likely	12	To propose plans for possible reduction in premises costs through the Estates Strategy work that is being done and with the new estates interim support that has been appointed.	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	Pippa Pritchard	Moderate	Likely	12	<p>Controls</p> <ul style="list-style-type: none"> GDPR compliant policies and processes across the CCG including IG Policy, Information Management policy, Information Quality Policy, Information Security Policy, IG Management Framework, GPPR compliant DPIA template, Communications and presentation to all staff informing of changes to data protection legislation Reviewed all PCD processes from Data Creation through to instruction including provider/supplier assurance. Identify all flows of data controlled under GDPR. DPIA register created and presented to November IGSG to assist with follow-up for creating DPIA's for all information assets. Development of CCG Records of Processing. Up to date and IG assured contracts/SLAs and contracts/SLA register GDPR compliant DPIA documentation published Data Protection Officer in place through NEL CSU <p>Gaps in Controls</p> <ul style="list-style-type: none"> 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. 	<p>Assurances</p> <p>Remaining actions in GDPR implementation plan incorporated into 2018-19 IG work plan</p> <p>Risk reviewed at Information Governance Steering Group</p> <p>Gaps in Assurances</p> <p>None</p>	Moderate	Likely	12	<ul style="list-style-type: none"> DPIA register created to assist with follow-up for creating DPIA's for all remaining information assets - March 2019. Publish records of processing - this will follow after the Team Review Meetings are completed - March 2019 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 - March 2019 Approval of assurance mechanisms for provider/supplier monitoring - March 2019 	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		Major	Unlikely	8	<p>Controls</p> <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. <p>Gaps in contract</p> <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 There is no information about the management of sub- 	<p>Assurances</p> <p>There have been no issues in the previous 3 years Risk to be reviewed at Information Governance Steering Group</p> <p>Gaps in Assurance</p> <p>No assurance available that any of the gaps mentioned are in place or addressed, as these are not referenced in the contract.</p>	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. New contract received Nov 2018 - under review by IG team.	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
						contractors and auditing <ul style="list-style-type: none"> • 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	<u>Controls</u> Corporate business continuity Plan Internal HR arrangements Remote working capabilities Internal Communications management Critical supplier business continuity compliance Critical supplier ICT disaster recovery compliance <u>Gaps in Controls</u> None	<u>Assurances</u> Annual business continuity testing and exercising regime ICT BCP reviewed as part of Data Security and Protection Toolkit Risk reviewed at Management Team Meeting <u>Gaps in Assurance</u> 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	<u>Controls</u> Corporate business continuity Plan Internal HR arrangements Remote working capabilities Internal Communications management Critical supplier business continuity compliance <u>Gaps in Controls</u> None	<u>Assurances</u> Annual business continuity testing and exercising regime Risk reviewed at Management Team Meeting <u>Gaps in Assurances</u> 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	<u>Controls</u> Corporate business continuity Plan Internal HR arrangements Remote working capabilities Internal Communications management Critical supplier business continuity compliance <u>Gaps in Controls</u> None	<u>Assurances</u> Annual business continuity testing and exercising regime Data Security and Protection Toolkit Risk reviewed at Management Team Meeting <u>Gaps in assurance</u> 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 sufficiently robust to manage pressures	Christine Caton	Major	Almost Certain	20	<u>Controls</u> NHSE has the CCG's Operating Plan for 2018-19 Governing Body approved the 2018/19 Financial Framework on 7 March 2018. Detailed budgets have been set on this basis. SEL CCGs have agreed a shared control total of	<u>Assurance</u> Finance and delivery, including QIPP reviewed at each Programme Board. Finance and QIPP Working Group reviews financial position of CCG in detail and provides assurance to the Integrated Governance Committee.	Major	Likely	16	Joint Five Year Strategy refresh with LB Lambeth to be completed by March 2019 for consultation. This will include the Lambeth Together Medium Term Financial Strategy 019/20 Financial Plan is being developed to be updated in December 2018 to new allocations. First draft 2019/20 Operating Plan is due on 14 January 2019.	Major	Unlikely	8	01-Apr-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
	and deliver sustainable financial position in the context of lower levels of growth in the period to 2020/21					£3.221m for the 2018-19 Operating Plan CCG produces monthly financial risk assessment for Governing Body. Gaps in Controls SEL CCGs individual and collective financial model has been developed and identified significant financial gap. This is being worked through and cannot be finalised until allocations and planning guidance are received in December 2018. 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.	All CCGs are required to complete Financial Control Environment Assessment to NHSE quarterly. SEL STP monitoring the individual and collective CCG financial position. Monthly assurance meetings with NHSE SEL Planning and Delivery Group has oversight of 2019/20 Financial Plan. Common financial model is being used. SEL Integrated Governance and Performance Committee has oversight of SEL financial position and delivery of shared control total Risk reviewed at the Finance and QIPP Working Group Gaps in Assurance CCGs are awaiting planning guidance and allocations. These are expected in December 2018								
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 Recovery plans to manage in year QIPP and other risks have been finalised with ongoing monitoring through Finance and QIPP 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 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 Planning and Delivery 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 - ongoing with focus on 2019/20 Work with SEL CCGs through QIPP Oversight Group to increase scope/scale of QIPP and learning from best practice to identify further QIPP opportunities - ongoing but 2019/20 delivery plans to be completed by January 2019	Major	Unlikely	8	01-Mar-2019

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 Ongoing co-design programme that involves key stakeholders including front line staff, service users and carers etc. Clear savings targets linked to all transformation work streams Investment plan for FYFW agreed at October ALT Gaps in Controls 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 Targeted engagement about service improvement proposals	Major	Possible	12	Using Alliance Partners and networks to influence 5YFW delivery expectations - ongoing 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 - draft to ALT in 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 Focused work on long stay patients on acute psychiatric wards Revised action plan following Lambeth MADE event Oct 2018 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 (2020) Developing step down provision via VCS - Dec 2018	Major	Unlikely	8	31-Mar-2020
8A	Risk of possible failure to plan for future premises needs - Waterloo Health Centre Lease ends 2021	Christine Caton	Moderate	Possible	9	Controls Funding of feasibility study by CCG. CCG Senior Estates Project Manager starting on 3 December 2018. Gaps in Controls Feasibility study not yet complete.	Assurances Oversight and Lambeth Estates Forum. Gaps in Assurance None	Moderate	Likely	12	Complete feasibility study – Dec 2018. CCG to undertake Option appraisal. Discussion with LB Lambeth about use of Community Interest Levy (CIL) funding – ongoing. CCG to confirm options with practices and secure funding for feasibility study – Dec 2018.	Minor	Unlikely	4	01-Feb-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
						Funding options not confirmed.					CCG to consider options for funding – NHS Capital via Wave 5 bid (TBC); Third Party developer.				
8C	Risk of possible failure to plan for future premises needs. Nine Elms Vauxhall Business case does not adequately prepare for the influx of residents up to 2021	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 Ongoing management and clinical engagement in the NEV project Regular monitoring of CCG populations is being undertaken to assess growth and service change resulting from NEV population inflows by NEV Health Programme Board CCG Governing Body has underwritten design fees to enable work to continue ahead of FBC CCG Senior Estates Project Manager starting on 3 December 2018 Gaps in Controls Impact on population not known	Assurance Regular updates to LCCG Governing Body meetings Monthly NEV Health Programme Board – with Wandsworth CCG, LBW and LBL Oversight at Lambeth Estates Forum Gaps in Assurance None identified	Moderate	Likely	12	Lambeth and Wandsworth CCGs to approve overarching FBC in March 2019 and NHSE approval April 2019. Project due for completion in October 2019.	Minor	Unlikely	4	31-Oct-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 CCG Senior Estates Project Manager starting on 3 December 2018 Gaps in Controls CCG unable to submit bid for Wave 4 as schemes did not meet the VFM criteria in its current form. CCG needs to secure funding to undertake feasibility study	Assurance Regular discussion with Practice/NHSE PAU Risk reviewed at Integrated Governance Committee Oversight at Lambeth Estates Forum Gaps in Assurance None identified	Major	Possible	12	CCG to secure funding for further feasibility work – January 2019 CCG is reviewing option appraisal and has made draft submission against potential ETTF pipeline with further detail to be provided by December 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 sought 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 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 – December 2018 following escalation in June 2018 CCG to seek Governing Body re-approval of agreement to sign lease – further work is required and this will need to be confirmed with GB in January 2019	Minor	Unlikely	4	31-Jan-2019