2018 Board Assurance Framework

Generated on: 14 June 2018

NHS Lambeth Clinical Commissioning Group

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	**Controls** Level 2 and 3 safeguarding training offered to independent contractors Pan-London local safeguarding policies and procedures All designated and named professionals in post 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. **Gaps in Controls** 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	**Assurance** 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 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. **Gaps in Assurance** **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	Catastrophic	Unlikely	10	Ongoing joint review of SCR in collaboration with Lambeth and Croydon Safeguarding Children's Board and NHS England, led by Croydon. 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.** **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.**	Catastrophic	Rare	5	31-Mar-2021
1N	There is a risk that failure to prevent a measles outbreak will result in increased demand on GP's, unplanned admissions and increased burden on acute Trusts undertaking contact tracing	Dan Stoten; Marie Noelle Vieu	Moderate	Likely	12	**Controls** • Routine vaccination children under five years of age • Outbreak control measures (diagnosis confirmation, contact tracing, advice for vaccination provided by GPs) • MMR catch up vaccination in year 9 (school) started • Public Health shared NHSE's call/recall best practice with the CCG for wider circulation to GPs	**Assurances** • Annual report and data to Children's and Maternity Programme Board and Integrated Governance Committee • NHSE London region attends the Lambeth & Southwark Immunisation Steering Group • Confirmation from NHSE that immunisation outside of the routine immunisation programme is included in GP contract allowing GPS to be paid for MMR immunisation	Moderate	Almost Certain	15	• **NHSE has confirmed budget catching up MMR vaccination in children. GPs are providers and responsible for call/recall.** • **Joint letter from PHE and DPH sent encouraging GPs to proactively check immunisation status, call/recall when incomplete as well as opportunistically offer.** • **L&S Immunisation Steering Group discussed practices setting up weekend/Saturday community clinics and writing to all children aged over 5 to 18 inviting them for MMR vaccination if incomplete.**	Minor	Unlikely	4	30-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
						Gaps in Controls • In children under five, call and recall for immunisation is now with practices who may not have capacity and a process to do this function • No systematic review of primary school-aged children (5-11 years) immunisation status and recall to ensure complete immunisations • **Need to implement MMR catch up for children and adults up to 25 years as adviced by PHE**	of registered patients older than 5 years • Coverage data and data from year 9 catch up programme • Centralisation of call/recall will include recording and availability of activity data. • **IMMform (monitoring system for some immunisation uptake) includes MMR in 5-19 y cohort** • **Public health able to monitor MMR uptake by practice** • **Implementation of a new Immunisations Performance and Quality Board. This is led by NHSE and reports in to the London Immunisation Board** • Risk reviewed at Children's and Maternity Programme Board and LSL Infection Prevention and Control Committee. **Gaps in Assurance** • **For over 5yr olds, IMMform data depends on EMIS supplier to transfer data from EMIS clinical system onto IMMform.** Most recent data are for period ending August 2017, which is prior to the recent threat of outbreak.				• Provision of information to the public e.g. schools • Centralisation of call/recall is currently being explored. This includes investigating the most cost effective model of delivery. Waiting final decision from CCG for 2018-19. • **National measles outbreak declared as of May 2018. Measures taken in coordination with PHS SLHPT include:** - PHE telecon (including epidemiology) to update key partners - Healthcare professionals including GPs and HVs notified through joint letter from PHE and Lambeth PH - Target age group agreed to include 0 – 5 year olds and up to 25 year olds - Lambeth PH commenced work to raise awareness via all its communications channels, including social media - Plans to promote proactive checks, signposting and opportunistic vaccination to GPs and HVs through CCG and joint commissioning team - In line with MECC, work underway to engage Council colleagues including social services (children and adults) and housing. - Schools immunisations provider will continue to raise awareness, check children's status and opportunistically vaccinate when required - Lambeth PH has confirmation of sufficient vaccine stock and PNs capacity to accommodate extra vaccinations should there be a surge in demand				
2A	Possible risk to service quality and safety of community nursing due to failure to implement the Service Improvement Plan for Community Nursing	Liz Clegg	- Major	Likely	16	**Controls** Nursing Practice Development Team; education and training programmes in place. Introduction of clinical Fridays. Clinical leadership team in place. Development of wider partnership working. Deep dive into workforce profile. Demand & capacity work. 24/7 community nursing care - OOH service, PAL@home managing End of Life and clinical emergency out-of-hours. New roles e.g. phlebotomy, pharmacy technicians to support nursing teams in practice are in place. 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. Two dedicated roles for end of life care. Re-launched Pressure Ulcer and Infection Control strategies. 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** **Gaps in Controls** Implementation of mobile technology.	**Assurance** Workshops held with key partners and stakeholders to test the vision for the service with them. Safe staffing levels signed off by the Chief Nurse Friends and Family Survey and measurement of services through in house surveys. Appreciative enquiry approach completed using external facilitators and actions implemented. GSTT commissioned Age UK to complete patient experience survey. Monthly patient satisfaction questioner in place to Measure patient confidence and satisfaction in @home service Monthly DN team analysis of patient feedback surveys/targets and agreed actions. **New KPI's under discussion - dependent on IT.** District Nurse Quality Forum is established to identify areas of joint working with primary care **External Evaluation of Buurtzorg completed.** 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, end of life and continence. Audit data to support embedding of response form to GP when referral is declined.	Major	Possible	12	Going forward GSTT plan to: Introduce mobile technology - mobile devices roll out continues across community nursing. Carenotes Care Notes system continues to experience functional problems. Mitigation plan is set to achieve functioning system by Summer 2017. Carenotes upgrade due to take place in October 2017. IT Strategy to install WiFi in all sites and upgrade networks. Jan 2018: Carenotes improvement work in progress. April 2018: **Wifi being deployed in some community buildings in Qu1.** Review of patient centred outcomes by Age UK completed and actions being progressed. Improving communication to patients - Nurses to ensure all visiting time bands are discussed and agreed with patients, to routinely go on visits with patient contact details, to telephone patients when running late, to discuss with patients the reasons for making telephone calls to others professionals such as GPs prior to the telephone calls being made; Promoting independence and self care – familiarising all nurses with the Buurtzorg model of self care and will be rolling out training in Q3. Wound management outcomes and palliative care being developed \as part of new service KPI's. Test and learn model of care using Buurtzorg methodology started in November 2016 and continues for one year. More Buurtzorg nurses are being recruited to expand into Southwark. September 2017 - Buurtzorg nurses in Southwark now established and seeing patients. Jan 2018: Buurtzorg evaluation published externally and plan to extend for 2018. **Economic evaluation underway to determine affordability.** **CCG:** To continue to monitor improvement via CQRG and contract monitoring meetings. Last reviewed again in Nov 2017. Stage 2 action plan agreed. Additional action plan agreed between CCG and GSTFT regarding communication with General Practice.	Moderate	Unlikely	6	31-Mar-2019
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	**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	**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	Major	Unlikely	8	Rewrite joint Safeguarding Policy with children's - 30/06/2018 Influence NHSE contracts to strength safeguarding requirements, including agreed data sets - ongoing. Programme of primary care supervision developed in conjunction with CCG Children's Safeguarding colleagues - July 2018 **SAB risk analysis tool being trialled by SAB partners. Will be fully signed off and operational by autumn – 30/09/2018**	Major	Unlikely	8	31-Oct-2017

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
						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** **Gaps in Controls** Adult safeguarding supervision in primary care	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 **Gaps in Assurance** Agreed SG data sets for major providers								
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	**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 citizens. 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. **Gaps in Controls** None noted.	**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 places GSTT agreed to support. Transfer of agency to substantive posts. Cultural barometer undertaken. Transition training programme evaluated with positive outcomes. National benchmarking undertaken with favourable results. **Vacancy level in @home continues to reduce.** Risk reviewed at the Committee in Common (Older adults and mental health) **Gaps in Assurance** None noted	Major	Likely	16	**GSTFT forward plan:** Pilot of Ipad use completed with positive outcomes. Mobile working devices continue to be the strategy for community nursing. **April 2018 - IT plan for mobile working in place and to confirm Go live date.** Continue to implement the recruitment strategy. Overall community nursing vacancies are reducing but the service remains challenged. **April 18 –** Recruitment & Retention strategy in place, current vacancy level is 23% across community nursing. Rolling advert for DN service and inpatient units and applicants for every advert. Test and learn model of care using Buurtzorg methodology. Went live in Nov 2016 for 1 year. More Buurtzorg nurses being recruited to expand into Southwark. Now have 16 Buurtzorg nurses in place. Evaluation completed in Oct 2017. Jan 18 – Buurtzorg evaluation published externally and plan to extend for 2018. Economic evaluation underway to determine affordability. CCG: To continue to monitor recruitment levels via CQRG, contract monitoring meetings. Last update Nov 2017. Additional action plan agreed between CCG and GSTFT regarding communication with General Practice.	Major	Possible	12	30-Sep-2019
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 will be 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 GST and KCH switch off dates. 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. 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. **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. CSU IT Facilitator to offer support to GP Practices on how to resolve issues they are having with the ERS system. 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. **Gaps in Assurance** None	Major	Possible	12	GP Facilitator continues to offer training and support to GP Practices who either request it or are identified as not increasing e-RS Usage. **GP to GP Webinar for 10 May for GP's from Lambeth, Southwark and Bromley.** Regular updates on e-RS are provided for GP Locality packs on how Individual practices utilisation and the GP Locality as a whole usage. Bi weekly attendance at the CCG Practice Quality Support group meetings to discuss e-RS utilisation rates by GP Practices. Kings ongoing work on the Directory of Services. Work with GP Practices to encourage them to use e-RS for referring. **Ongoing letters sent to all GP Practices and information/comms in the GP Bulletin about the planned switch and phases completed by GST and KCH. Ongoing updates provided on other Trusts such as St Georges and Moorfields.** 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. **On messages in the GP Bulletin to GP Practices on 'Top Tips' for using the e-RS System.**	Moderate	Unlikely	6	01-Oct-2018
2T	Likely risk to meeting the target	Liz Clegg	Major	Almost Certain	20	**Controls**	**Assurances**	Moderate	Likely	12	• Work streams to implement each of the High Impact Changes	Major	Possible	12	30-Sep-

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
	set via Better Care Fund (BCF) to reduce delayed transfers of care within the local system and associated impact on length of stay.					• 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 • CHC Discharge to Assess Quality Standard is in progress but not yet complete • Care homes near full capacity affecting discharge to assess processes	• 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				• 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. • Task and Finish Group working with all stakeholders to improve transfer of care from hospitals to care homes in the council block contract.				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	**Controls** 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, 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. 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. Update on practice/locality prescribing budget position and MO Scheme at locality meetings to encourage practice and peer discussion. 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. Guidelines and Pathways uploaded onto DXS, Optimiise Rx and CCG intranet to encourage awareness **Gaps in Controls** 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. Implementation plan on NHS E POM (low value medicines) – dosulipin lidocaine, patches, trimiprimine, co-proxamol – requires SLAM engagement and SEL APC wide implementation. Awareness in wider population of the medicines waste initiative .	**Assurances** 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 **Gaps in Assurance** 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 Receommendations. 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.	Major	Likely	16	Implementation plan on NHS E POM (low value medicines) areas – dosulipin lidocaine, patches, trimiprimine, co-proxamol being developed. Recruitment of practice pharmacists via NHS E programme joint with federations or direct practice employment. Implementation plan for the outcome of the NHS E Self Care Recommendations under development. Communication plan and PPG events to promote medicines waste initiative to be developed Guidelines and implementation plan for new diabetes medicines and devices in development	Major	Possible	12	31-Mar-2019

4

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
						Cost pressures from new medicines launched in 18/19, growth seen particularly in diabetes medicines and devices. Inability to control unstable nationally agreed prices of a number of generic medicines.									
6A1	Failure to reach the target of10% reduction E.coli blood stream infection (BSI) reported among patients registered with GPs in Lambeth by March 2018	Anne Middleton; Marie Noelle Vieu	Minor	Possible	6	**Controls** There is an action plan for implementation of the QP as part of the LSL ICC work plan NHSI has approved temporary surveillance nurse Jan-March 2018 **Gaps in Controls** Capacity to fully engage across the health and care economy Capacity to implement the enhanced surveillance at primary care level	**Assurances** Regular meetings and report to the LSL ICC and integrated adult commissioning boardThe action plan for implementation of the QP is monitored as part of the LSL ICC work plan Regular review of ecoli BSI reporting and discussion with Acute trusts Risk reviewed at the LSL Infection Prevention and Control Committee **Gaps in Assurance** Surveillance programme not yet implemented, so no data Infection control expert has only advisory role It is unclear how primary care will respond to undertaking surveillance	Moderate	Likely	12	**Funding was sourced for a temporary surveillance nurse (0.4 WTE) for 3 months to provide support for data gathering to complete an enhanced primary care data set for all E coli bacteraemia cases. Once completed , will report to the Infection Control Committee and Integrated Governance Committee. Prevention and management of UTI especially in old people is a priority for 2018/19 Priorities to reduce risk of Ecoli agreed between acute, primary care and community care. Guidelines to prevent and diagnose UTI in care /nursing home being finalised**	Negligible	Unlikely	2	31-Mar-2019
8D	Risk of possible failure to plan for future premises needs at Clapham Park	Christine Caton	Moderate	Possible	9	**Controls** NHSPS is project managing implementation of ETTF funded Phase 1. CCG, NHSE and ETTF PAU supporting development of practice business case Preparation of Phase 2 Business Case or application for Community Interest Levy Funding Approval through Joint CCG/LBL Management Team ahead of submission through LBL AIMG and AMCAP process **Gaps in Controls** Current lack of CCG estates support to take this work forward. CCG is implementing proposal to provide estates support across Lambeth, Greenwich and Bromley CCG and securing interim support ahead of permanent recruitment.	**Assurance** Regular updates to LCCG Governing Body meetings Regular discussion with Practice/NHSE 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	Review with joint CCG/LBL Management Team June 2018 CCG applying to LBL to secure CIL Funding for Phase 2 development linked to Clapham Park Development by July 2018	Minor	Unlikely	4	31-Jul-2018

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	**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 **Gaps in Controls** None identified	**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 **Gaps in Assurance** None	Major	Likely	16	**GST re-build is now complete. GST are now seeing a sustained level of A&E activity that is around 9% above plan and this is impacting on their ability to meet their recovery trajectory. GST are reviewing medical staff rotas to ensure they reflect the changes in times of peak demand. They are also looking at opening buffering areas to reduce the impact of having high numbers of patients in the department. Existing support around redirection and discharge continue to be in place. The high intensity user service has now commenced. The Integrated Urgent Care (IUC 111) procurement continues to progress; the next gateway with NHSE is due 6 June 2018 and so far we are on track to commence the service in September/October.**	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 the standard for 62 days from GP referral to treatment impacting on the CCG quality premium and assurance framework	Harriet Agyepong	Major	Likely	16	**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 **Gaps in Controls** None identified	**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 **Gaps in Assurance** Development of KPIs for all shared pathway commitments; near real time information - these are in development.	Major	Likely	16	**The development of KPIs for all shared pathway commitments to allow near time monitoring of impact of actions to be in place by end of Q2. This development will be lead by the Operational arm of the ACN.**	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
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	**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. **Gaps in Controls** A specialty level plan and trajectory for key specialties with long waiters for KCH	**Assurances** Contract documentation Monitoring reports showing performance against trajectory. Minutes and action log for monthly meetings. **Gaps in Assurance** None	Major	Likely	16	A specialty level action plan to be provided by KCH by the end of Q1, which has senior level ownership.	Major	Possible	12	30-Jun-2018
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	**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. **Gaps in Controls** An activity plan for KCH and LGT for RTT delivery	**Assurance** Contract documentation Monitoring reports showing activity levels against plan. Monitoring reports showing monthly PTL size; minutes and action log for monthly meetings. **Gaps in Assurance** None	Moderate	Likely	12	A specialty level action plan to be provided by KCH and LGT by the end of Q1, which has senior level ownership.	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
5AEP CC	Risk that poor performance of Capita in managing the Performer list, and administration of pension statements and payments to GPs will impact upon the delivery of services to patients, resulting in delays in GP start dates, a diminution in access and problems closing annual accounts.	Garry Money; Jill Webb	Minor	Likely	8	**Controls** • Issues are on NHSE Risk Register • Action plans in place for each of the issues • Rigorous performance management of Capita in place **• Meeting took place in April 2018 between national Capita staff, NHSE and practices to discuss issues.** **• Local Lambeth payment issue was escalated nationally.** **Gaps in Controls** None identified.	**Assurances** • Regular updates from Capita on each of the issues • Updates are sent to practices and the Director and Assistant Director of Primary Care Development at Lambeth CCG. • NHSE regular review of risk register and established Performance Management Group, including GPC Chair. **• Correct payments made in April and May 2018** **• Incorrect payments rectified** Risk reviewed at the Primary Care Working Group **Gaps in Assurances** **Assurances regarding issues raised at local meeting with Capita, NHSE and Practices.**	Major	Possible	12	Ongoing monitoring and updates by NHSE mechanisms **CCG to write further letter to NHSE and Capita outlining the assurances required from local meeting held in April with practices.** **Continued local engagement.**	Moderate	Unlikely	6	31-May-2018
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	Anne Middleton	Moderate	Likely	12	**Controls** • GDPR compliant policies and processes across the CCG. • Review all PCD processes from Data Creation through to instruction including	**Assurances** The CSU is developing a GDPR implementation plan with key milestones the CSU and CCG will work to between now and 25/5/2018. A draft plan was presented to the November Information Governance Steering Group. Actions enabling the CCG to comply will be	Moderate	Likely	12	• Endorse and enforce updated policy and processes changes due to GDPR – **Policies should be with the CCG to adopt by 25/5/18** • Identify and embed an Information asset owners group to ensure documentation and appropriate authorisation of data flows - **May 2018 Team Review Meetings in progress with all IAO's to identify**	Minor	Unlikely	4	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
	Regulation (GDPR) 2016/679 from 25/05/2018 impacting on the ability to process data in line with third party expectations					• provider/supplier assurance. • Identify all flows of data controlled under GDPR. • Identify and complete a DPIA for all data processing, using a documented • required/required process. • Development of CCG Records of Processing. • Up to date and IG assures contracts/SLAs and contracts/SLA register • **GDPR compliant DPIA documentation published.** **Gaps in Controls** • 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.	mapped out in a similar way to the IG Toolkit work plan. The approved plan is expected to be released in mid–January. Risk reviewed at Information Governance Steering Group **Gaps in Assurances** Plan is not yet complete				and document assets. • 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.** • Engage with all directorates and key departments where the majority of data is processed which is required to be GDPR compliant - **May 2018 Team Review Meetings in progress with all IAO's to identify and document assets.** • 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**				
6L	Risk that failure to manage and apply information security standards leads to the introduction of viruses and software to electronic devices and IT networks, resulting in a loss or breach of CCG data.		Moderate	Possible	9	**Controls** CSU Antivirus / Anti malware Protocol Network Security Protocol HSCIC CareCERT Cyber Security Bulletin Firewalls on all Gateway devices Anti-virus/Anti-Malware protection for all End User Devices Regular penetration testing of system and internet vulnerabilities All PCs upgraded with Internet Explorer 11 Security patches instructions circulated to all staff **Gaps in Controls** Confirmation of regularity of penetration testing Training and awareness raising materials rules regards downloading, use of USB's etc. CCG Internet Acceptable Use Protocol	**Assurances** Submission of Penetration Testing report to IGSG including progress on recommended actions to address identified issues. Cyber attacks report available on SUSI CCG Chair and Director of Primary Care Development receive CareCERT notifications regarding IT security issues. **Internal Audit undertaken 2018** Risk reviewed at Information Governance Steering Group **Gaps in Assurances** Evidence of training for staff Approved Internet Acceptable Use Protocol **Internal Audit 2018 - identified gaps in internal controls for managing cyber security**	Moderate	Likely	12	CCG Internet Acceptable Use Protocol and other IT policies to be agreed for the CCG - to be addressed as part of the service specifications for June 2018. Staff training and awareness - CCG IT policies once agreed to be included in induction. **May 2018 - await final internal audit report and develop action plan to address recommendations.**	Moderate	Possible	9	01-Jun-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	~~Anne Middleton~~	Major	Unlikely	8	**Controls** • 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** • 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-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	**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 under review by IG team May 2018.**	Minor	Unlikely	4	31-Mar-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
						• 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.	Anne Middleton	Catastrophic	Almost Certain	25	**Controls** Corporate business continuity Plan Internal HR arrangements Remote working capabilities Internal Communications management SW London CCG Mutual Aid Agreement Critical supplier business continuity compliance Critical supplier ICT disaster recovery compliance **Gaps in Controls** None	**Assurances** Annual business continuity testing and exercising regime Risk reviewed at Management Team Meeting **Gaps in Assurance** None	Moderate	Likely	12	Review of corporate business continuity arrangements - Sept 2018. Review of ICT disaster recovery arrangements Annual business continuity testing and exercising regime - February 2018. 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-Dec-2017
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.	Anne Middleton	Catastrophic	Almost Certain	25	**Controls** Corporate business continuity Plan Internal HR arrangements Remote working capabilities Internal Communications management SW London CCG Mutual Aid Agreement 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** None	Moderate	Likely	12	Review of corporate business continuity arrangements - Sept 2018 Review of key Corporate critical supplier business continuity Annual business continuity testing and exercising regime 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-Dec-2017
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.	Anne Middleton	Major	Likely	16	**Controls** Corporate business continuity Plan Internal HR arrangements Remote working capabilities Internal Communications management SW London CCG Mutual Aid Agreement Critical supplier business continuity compliance IG Tool Kit **Gaps in Controls** None	**Assurances** Annual business continuity testing and exercising regime Risk reviewed at Management Team Meeting **Gaps in assurance** None	Moderate	Likely	12	Review of corporate business continuity arrangements - Sept 2018 Review of internal Information governance best practice and arrangements - March 2018 Annual business continuity testing and exercising regime - Feb 2018 Continued campaign of staff awareness to business continuity and resilience issues Commitment to participating in appropriate multi-agency exercising	Moderate	Possible	9	31-Dec-2017
7A	Possible risk that current planning and strategic approach is not sufficiently robust to manage pressures and deliver sustainable financial position in the context of lower levels of growth in the period to 2020/21	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 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 produce initial financial risk assessment for May 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.	**Assurance** 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. 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. Risk reviewed at the Finance and QIPP Working Group **Gaps in Assurance** CCG is reviewing performance and assurance for QIPP Delivery and Financial Recovery	Major	Likely	16	CCG to revised financial risk assessment as part of monthly reporting – Ongoing Task and Finish Groups in place to reduce/mitigate unidentified and high risk QIPP for 2018/19 by 30 June 2018 SEL CCGs to agree risk management approach to deliver shared control total, including new risk share agreement for GB approval by 30 June 2018. CCG to review financial recovery plan approach for 2017/18 and implement proposal for 2018/19 CCG to complete Financial Control Environment Assessment for Q1 by 12 July and quarterly thereafter. Joint Five Year Strategy refresh with LB Lambeth to be completed by October 2018. This will include the Lambeth Together Full Business Case.	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
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 £2.256m	**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 established to agree and review cross borough schemes. Task and Finish Groups to report to the Joint CCG/LBL Management Team on delivery 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	Likely	16	Task and Finish Groups to confirm plans to reduce/mitigate unidentified QIPP by 30 June 2018. Review whether there is a continuing requirement for Lambeth and Southwark QIPP Group. 15 June 2018 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. June 2018 and ongoing,	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
3P	Risk that necessary approvals not obtained to proceed with Alliance contract from 01/07/2018		Major	Possible	12	**Controls** Alliance Leadership Team since Sept 2017 Committee in Common Papers presented to Commissioning / Provider Boards Briefings to NHSE/NHSI Completed checkpoint 1 of NHSE/NHSI ISAP Wider engagement with stakeholders **Gaps in Controls** None	**Assurance** NHSE / NHSI Assurance Process Alliance Leadership Team agreed a service and financial plan / business case CCG Governing Body, Lambeth Council Cabinet, Thamesreach and Sertitude Boards have agreed to proceed **Gaps in Assurance** SLAM Board still to approve in May 2018 Decision awaited for progression through checkpoint 2	Major	Possible	12	SLAM Board meeting on 22/05/18 to approve service and financial to proceed with alliance agreement Checkpoint 2 meeting - awaiting decision to proceed to checkpoint 3 - end of May	Major	Rare	4	30-Jun-2018
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** Developing implementation plan with key stakeholder Alliance Leadership Team and Committee in Common to monitor delivery plan Draft Performance Management Framework **Gaps in Assurance** None	Major	Possible	12	Active participant in SEL STP Using Alliance Partners and networks to influence 5YFW delivery expectations Developing Workforce Strategy	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 **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	Major	Unlikely	8	31-Mar-2020
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 Review of population impact planned as part of development of FBC for Wandsworth and Lambeth CCGs. **Gaps in Controls** None	**Assurance** Regular updates to LCCG Governing Body meetings NEV project boards Regular discussion with Wandsworth CCG/NHSE Engagement with LBL – Strategic Director (Commissioning) Strategic Director Neighbourhoods and Growth Risk reviewed at Community Based Care Programme Board. **Gaps in Assurance** None identified	Moderate	Likely	12	Approval of NEV Outline Business Case (OBC) by Lambeth CCG and Wandsworth CCG Governing Bodies and NHSE September 2016 OBC requesting S106 funding approved in principle at AIMG on 18 October. Delegated Cabinet Member Decision recommended for Decision approval by AMCAP on 21 November 2016. This was ratified at the NEV Strategy Board on 16 December. Implementation plan is being produced including to provide assurance to CCG and LBL of capacity to deliver. Implementation plans being developed. Regular monitoring of CCG populations to be undertaken to assess growth and service change resulting from NEV population inflows. CCG to take FBC to AIMG and AMCAP by April 2018. CCG is commissioning additional support to undertake this work.	Minor	Unlikely	4	31-Jul-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 <u>Gaps in Assurance</u> None noted	Major	Likely	16	**IT Strategy and Action Plan to be agreed by Sept 2018.** **IT resources to be agreed by July 2018.** **IT Governance arrangements to be agreed by July 2018.**	Major	Unlikely	8	30-Sep-2018
8B	Risk of possible failure to plan for future premises needs when Lower Marsh Lease ends 2017	Christine Caton	Moderate	Possible	9	<u>Controls</u> 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. <u>Gaps in Controls</u> 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.	<u>Assurance</u> This is subject to discussion with landlord and the CCG Governing Body and NHSPS Risk reviewed at Community Based Care Programme Board. <u>Gaps in Assurance</u> None	Moderate	Likely	12	CCG and CSU working with NHSPS to agree costs that deliver VFM and minimise disruption during building works - Mid June 2018 CCG to seek Governing Body re-approval of agreement to sign lease – end June 2018	Minor	Unlikely	4	30-Jun-2018