

2019 Board Assurance Framework

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

Code	Description	Operational Lead	Original Risk Impact	Original Risk Likelihood	Original Risk Score	Existing Controls / Gaps in Controls	Assurances	Current Risk Impact	Current Risk Likelihood	Current Risk Score	Action Plan Summary	Target Risk Impact	Target Risk Likelihood	Target Risk Score	Target Date
1A	Zero Tolerance Risk - Possible risk of failure to safeguard children and identify and respond appropriately to abuse	Avis Williams-McKoy	Catastrophic	Possible	15	<p>Controls</p> <p>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>Governing Body Clinical Lead for Children and Lead Integrated Director LCCG and Lambeth Local Authority. Compliant with the accountability and assurance framework for safeguarding vulnerable people 2015</p> <p>Safeguarding and Looked After Children Working Group (SLAC).</p> <p>Quarterly Assurance Meetings with Provider Health Organisations</p> <p>Local Safeguarding – Transitional Arrangements statutory guidance.</p> <p>Lambeth Safeguarding Board are working towards the disestablishment of LSCB and to establish a Local Safeguarding Partnership (LSCP) by 29 June 2019 in line with Working Together 2018 Statutory Guidance</p> <p>SEL STP Alliance Safeguarding Gap Analysis Project</p> <p>Gaps in Controls</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>SCR K Bromley & Lambeth (led by Lambeth) is now published (Wednesday 10th April 2019). The report is available via the LSCB website. SCR K is the subject of a Coroner's Investigation scheduled to take place in September 2019.</p> <p>In response to two serious incidents Lambeth SCB has commissioned two Reviews: Baby N Learning Review and Child P SCR - both ongoing.</p> <p>The Child K inquest begins September 2019.</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 LSCB 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 LSCB.</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>Lambeth Safeguarding Board are working towards the disestablishment of LSCB and to establish a Local Safeguarding Partnership (LSCP) by 29 June 2019 in line with Working Together 2018 Statutory Guidance</p> <p>Safeguarding</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> <p>June 2019 new Lambeth Safeguarding Children Partnership arrangements were published. The New arrangements start 1st September 2019, however the LSCB Independent Chair role transitions from</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>There is a multiagency action plan in place to support the learning for agencies for SCR K. The CCG and all health partners communications manager have been briefed by their safeguarding leads to contact LA Communication Manager if there is any media interest.</p> <p>June 2019 new Lambeth Safeguarding Children Partnership arrangements were published. Transitional arrangements to be implemented LSCB will cease to exist September 2019. The new safeguarding partnership arrangements will be piloted for a year and reviewed in 12 months' time.</p>	Catastrophic	Rare	5	31-Mar-2021

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							LSCB Chair to Independent Scrutineer.								
2A1	Risk that Non-Delivery of the Medicines Optimisation Scheme 2019-20 will impact on achievement of QIPP savings, CCG financial balance, patients not receiving evidence based cost effective medicines	Vanessa Burgess	Major	Likely	16	<p>Controls</p> <ul style="list-style-type: none"> Financial incentive attached to the Medicines Optimisation Scheme. Work with Medicines optimisation Clinical Leads / CCG Clinicians, Federations and Primary 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 and focussed webinars to support engagement and implementation of the scheme 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 and primary care networks employing pharmacists to escalate delivery. Collaborative approach to delivery with acute, mental health & 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. 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, Optimise Rx and CCG intranet to encourage awareness <p>Gaps in Controls</p> <ul style="list-style-type: none"> On target to meet practice pharmacist NHS E programme quota in each PCN geography Implementation plan on NHS E POM (low value medicines) – dosulepin lidocaine, patches, trimiprimine, co-proxamol – requires SLAM engagement and SEL APC wide implementation. Combined tamsulosin and dustasteride requires urology team support and SEL implementation. Awareness in wider population of the medicines waste initiative. Large cost pressures from new medicines launched in 19/20, growth seen particularly in diabetes medicines and devices. Inability to control unstable nationally agreed prices of a number of generic medicines especially due to Brexit which may lead to instability of prices and over-ordering of medicines by the public in Q3. 	<p>Assurances</p> <ul style="list-style-type: none"> 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 NHS England PCN pharmacist programme <p>Gaps in Assurance</p> <ul style="list-style-type: none"> Lack of Implementation plan on NHS E POM (low value medicines) areas of Phase 2 drugs – aliskiren, amiodarone, bath and shower preparations, minocycline for acne rubefaciants, dronedarone, silk garments. Continuing work plan on Phase 1 - dosulepin, trimiprimine, liothyronine, lidocaine, patches. Practice pharmacist NHS E programme quota is covered in each PCN geography Focus on reducing medicines waste in care homes 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 Q3. Nationally set prices of a number of generic medicines –we are monitoring but unable to control locally. 	Major	Likely	16	<ul style="list-style-type: none"> Implementation plan on NHS E POM (low value medicines) areas of Phase 2 drugs – aliskiren, amiodarone, bath and shower preparations, minocycline for acne rubefaciants, dronedarone, silk garments/. Continuing work plan on Phase 1 - dosulepin, trimiprimine, liothyronine, lidocaine, patches. Phase 1 completion by December 2019 and Phase 2 completion by March 2020. Recruitment of practice pharmacists via NHS E programme joint with federations or direct practice employment. Completion by January 2020. Work plan to reduce medicines waste in care homes. Completion by January 2020. Guidelines and implementation plan for new diabetes medicines and devices in development. Completion by January 2020. Implications of Brexit on medicines use and prices to be managed and mitigated where possible in line with national guidance by 31 October 2019 	Major	Possible	12	31-Mar-2020

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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</p> <p>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</p> <p>Gaps in Controls</p> <p>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</p> <p>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 Analysis of current SG adult policies in Primary Care undertaken</p> <p>SEL safeguarding assurance gap analysis and mapping project Risk reviewed at the Integrated Governance Committee</p> <p>Gaps in Assurance</p> <p>Enhanced SG assurance frameworks for major providers Primary Care Level 3 safeguarding training Lack of 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 - 31/08/2019 GP Practice Template Policy to be ratified at Primary Care CQRG 31/08/19 GP Competency Guide to be ratified at Primary Care CQRG 31/08/19 LSAB risk analysis tool being trialled by SAB partners to support appropriate prioritisation of SG concerns - 31/09/2019 CCG Strategy for managing Domestic Abuse in Primary Care – 31/09/2019 Support development of LSAB safeguarding level 3 training – 31/11/19</p>	Major	Unlikely	8	31-Mar-2020

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
5ACP CC	There is a risk to the sustainability of the Lambeth GP Federations due lack of capacity to deliver on contracts, resulting in a risk of the CCG having to step in to manage and impacting on QIPP.	Garry Money	Moderate	Possible	9	Controls Contract process in place Project Plan for GP Forward View Activity reports for the Access Hubs Board to Board meetings Federations Business Plan and accounts have been reviewed by the CCG GP Delivery Framework changed to a Practice-level scheme Gaps in Controls Funding for the GPDFD now has to be spent directly via the new Primary Care Networks	Assurances Regular contract meetings demonstrating contracts are being delivered Practice visits to establish support to practices from the Federations Board to Board meeting Staff footprint has increased Risk reviewed at the Primary Care Working Group Gaps in Assurance None	Major	Possible	12	Ongoing discussions into contract meetings and commissioning intentions meeting in Aug 2019 Federations launched PCN support offer to practices on 2nd May - CCG has met twice with PCN Clinical Director's to discuss - to be confirmed by end of August 2019.	Moderate	Unlikely	6	30-Sep-2019
5AHP CC	Risk that the allocation for NHS Lambeth CCGs delegated primary care is not sufficient to meet forecast 2019/20 budgets	Christine Caton	Major	Almost Certain	20	Controls Financial budgets were issued in May 19 and were reviewed by CCG finance teams. Detailed review of 2019/20 budgets with SEL Finance Primary Care Team undertaken during April and May 19. CCG funded additional resources to reduce impact of deficit in delegated primary care. 2019/20 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 2020. Discussions across South East London CCGs with paper discussed with Chief Finance Officer and Finance Directors on impact of allocations across SEL. CCG review of budgets continues to capture all issues to be addressed. Gaps in Controls None	Assurances Monthly review meetings with SEL Finance Leads on financial position and a SEL wide solution is being considered that will mitigate some of the overspends Review of forecast expenditure for all budget areas and also discretionary spend is being undertaken to identify any further mitigations. Gaps in Assurances Majority of the expenditure in delegated primary care is contracted and therefore there may be fewer opportunities for savings in this financial year	Major	Almost Certain	20	Review of Premises Costs - Oct 2019 SEL approach to risk sharing on Delegated Primary Care - July 2019 Review of discretionary budgets - October 2019 Review of flexibilities available – recurrent and non recurrent - June 2019	Moderate	Possible	9	31-Mar-2020
611	Risk of unauthorised access to personal confidential data due to poor building security resulting in a data breach and potential financial penalties	Una Dalton	Moderate	Likely	12	Controls All CCG staff have IG training annually All CCG staff have ID badges Clear Desk Policy following move to hot desking Lockers and filing cabinets in place Staff reminded to lock screens Confidential waste bins in place There is a security guard in place Gaps in Controls No swipe card access in the building No CCTV ID badges are not checked Visitors' bags are not checked Visitors not always escorted Tailgating can occur	Assurances Annual IG assessments and TIAA Security assessment to assess and highlight issues Training compliance rates Risks added to the IG risk register and reviewed at the IGSG Gaps in Assurance Not all actions from IG and TIAA Security assessments can be taken up as they depend on NHS Property Services	Moderate	Likely	12	Installation of swipe card access - date TBC with NHSP A meeting to be held with Property Services to discuss the gaps in security - discussed at May 2019 Health and Safety Working Group and update to be taken to Audit Committee - July 2019	Moderate	Unlikely	6	31-Jul-2019
6J1	Risk of incomplete assurance regarding information security due to lack of engagement by NEL CSU ICT department in the information governance processes in the CCG, resulting in potential risk to IT systems and non-compliance with Data Security and Protection Toolkit.	Una Dalton	Moderate	Likely	12	Controls IGSG meets bi-monthly ICT are members of the IGSG ICT can provide reports on Citrix user , Smart cards, user lists and threats. Number of projects planned regarding data file cleanse, structures and file path lengths Gaps in Controls ICT do not regularly attend the IGSG Projects not advanced, no progress made or updates given	Assurances ICT risk register in place Gaps in Assurance Required reports are not sent to IGSG Poor attendance by ICT at IGSG	Moderate	Likely	12	NEL CSU to attend meetings or provide a report - Sept 2019 and ongoing NEL CSU to provide all required up to date reports to IGSG - Sept and ongoing Business Support Manager working with CSU regarding data file cleanse, structures as part of preparation for Microsoft 365 - August 2019 and ongoing	Moderate	Unlikely	6	30-Aug-2019
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.	Una Dalton	Catastrophic	Almost Certain	25	Controls Corporate business continuity plan Internal HR arrangements Remote working capabilities Internal Communications management Critical supplier business continuity compliance Critical supplier ICT disaster recovery compliance Gaps in Controls None	Assurances Annual business continuity testing and exercising regime ICT BCP reviewed as part of Data Security and Protection Toolkit Risk reviewed at Management Team Meeting Gaps in Assurance None	Moderate	Likely	12	Review of corporate business continuity arrangements - ongoing and next due March 2020. Review of ICT disaster recovery arrangements Annual business continuity testing and exercising regime - next due March 2020.. 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-2020

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	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.														
6S	Business Continuity Management Plan Risk - London Health Resilience Partnership Risk Register lists a risk of a significant failure of the major utility infrastructure as a medium risk resulting in a widespread loss of the water, gas, electricity for over a 24 hr period rendering the site un-usable for the duration of any interruption.	Una Dalton	Catastrophic	Almost Certain	25	Controls Corporate business continuity Plan Internal HR arrangements Remote working capabilities Internal Communications management Critical supplier business continuity compliance Gaps in Controls None	Assurances Annual business continuity testing and exercising regime Risk reviewed at Management Team Meeting Gaps in Assurances Review of NHS Property Services BCPs	Moderate	Likely	12	Review of corporate business continuity arrangements - ongoing and next due March 2020. Review of key Corporate critical supplier business continuity - May 2019. Annual business continuity testing and exercising regime - next due March 2020. 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-2020
6T	Business Continuity Management Plan risk - There is a risk that staff may be targeted by internet fraudsters looking to exploit their personal information to gain access to the secure computer servers. This could lead to a major data breach and a potential loss of secure patient data.	Una Dalton	Major	Likely	16	Controls Corporate business continuity Plan Internal HR arrangements Remote working capabilities Internal Communications management Critical supplier business continuity compliance Gaps in Controls None	Assurances Annual business continuity testing and exercising regime Data Security and Protection Toolkit Risk reviewed at Management Team Meeting Gaps in assurance None	Moderate	Likely	12	Review of corporate business continuity arrangements - ongoing and next due March 2020 Review of internal Information governance best practice and arrangements - annually. Annual business continuity testing and exercising regime - next due March 2020. Continued campaign of staff awareness to business continuity and resilience issues Commitment to participating in appropriate multi-agency exercising	Moderate	Possible	9	31-May-2019
7C	There is a risk that the CCG will not deliver 100% QIPP in 2019/20. This will contribute to the in-year and underlying financial pressure for the CCG.	Christine Caton	Major	Likely	16	Controls 2019/20 QIPP for acute and mental health has been negotiated into contracts with our major providers. Robust CCG governance through Finance and QIPP Working Group and QIPP Assurance Group SEL Risk Share Agreement in place to mitigate the potential financial impact of under-delivery. Gaps in Controls CCG has unidentified and high risk QIPP	Assurances CCG QIPP Assurance process in place – PIDS being finalised through programme boards and local QIPP Assurance Group. SEL wide working on the acute and non-acute QIPP with detailed review through the SEL Planning and Delivery Group Monthly Reporting to SEL Integrated Governance and Performance Committee SEL CCG QIPP Finance and QIPP Assurance Meetings Monthly Financial Review meetings with NHSE Gaps in Assurance None identified	Major	Likely	16	PIDs in place – Primary Care PID being developed through local and SEL wide workstream – Sept 2019 Develop financial recovery plan to mitigate impact of QIPP risk – ongoing through SEL including use of financial risk shares.	Major	Unlikely	8	30-Sep-2019
7D	There is a risk that activity related expenditure is greater than budget in 2019/20 and that the current shortfall on the delegated primary care budgets cannot be resolved.	Christine Caton	Major	Likely	16	Controls • 2019/20 Financial Framework approved by CCG Governing Body in March 2019 • Signed contracts in place for all major acute and mental health providers • Robust CCG and STP governance processes in place • CCG financial risk assessment and associated financial recovery being developed • Reserves and Contingencies • Controls on recruitment and discretionary spend • SEL Risk Share Agreement in place Gaps in Controls • SEL wide review of primary care budgets required	Assurances • Review of financial position in detail at CCG's Finance and QIPP Working Group with overall assurance through the Lambeth Integrated Governance Committee • Monthly Reporting to SEL Integrated Governance and Performance Committee • SEL CCG QIPP Finance and QIPP Assurance Meetings • Monthly Financial Review meetings with NHSE Gaps in Assurances None identified	Major	Likely	16	Finalise Financial Recovery Plan – Ongoing through SEL including use of financial risk shares Complete review of SEL wide primary care budgets an agree actions – September 2019	Major	Unlikely	8	01-Oct-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.

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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	<p>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 Using Alliance Partners and networks to influence 5YFW delivery expectations Transformation and Investment plan for FYFW agreed March 2019 ALT</p> <p>Gaps in Controls Workforce - national/regional/local shortage in relation to key posts</p>	<p>Assurances Implementation plan in place and implementation of key service changes will commence July 2019 Alliance Leadership Team and Committee in Common to monitor delivery plan Performance Management Framework Active participant in SEL STP Alliance Engagement Group meeting monthly to plan future engagement activities, including Healthwatch, Black Thrive, User and Carer groups Regular stakeholder events and monthly Living Well Collaborative Provider network meetings Developing outcome framework and populating - to go live in October 2019. Working with Kings Improvement Science and Implemental</p> <p>Gaps in Assurance Targeted engagement about service improvement proposals</p>	Major	Possible	12	Stakeholder events arranged to develop and test out service improvement proposals - ongoing events to be arranged. Developing Workforce Strategy - draft approved, with further development taking place - Sept 2019.	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	<p>Controls Alliance Leadership Team Revised Transformation Plan to reduce demand for beds Robust monitoring and review of acute bed activity, including DTOC and excessive length of stay with revised OBD trajectory for 19/20 to reduce occupancy to 85% Developing alternatives to beds including crisis house, step down and potential expansion of evening sanctuary wards Focused work on long stay patients on acute psychiatric wards GSTT Mental Health Board Regular MADE events Plan for management of super stranded patients Step forward provision implemented Jan 2019</p> <p>Gaps in Controls Conversion of plans into sustainable change</p>	<p>Assurances Agreed OBD trajectory is regularly reviewed AMT / ALT closely review plan Performance dashboard indicator Bed management meetings Improved crisis care planning Reviewed at Committee in Common</p> <p>Gaps in Assurances None</p>	Major	Possible	12	Programme Management process to implement transformation plan over next 2 years (2020) Agreed to establish an in reach acute bed team charged with reducing length of stay ensuring a seamless approach between community and acute - Sept 2019.	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	<p>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 started December 2018</p> <p>Gaps in Controls Impact on population not known Preferred configuration (strategic and otherwise) and optimum use of the existing Estates assets within NEV yet to be finalised Work has progressed through HUDU to determine the expected population increase in the NEV LOCALITY.</p>	<p>Assurance Regular updates to LCCG Governing Body meetings Monthly NEV Health Programme Board – with Wandsworth CCG, LBW and LBL Oversight at Lambeth Estates Forum</p> <p>Gaps in Assurance None identified</p>	Moderate	Likely	12	Lambeth and Wandsworth CCG Governing Bodies to approve overarching FBC in May 2019 and NHSE approval June 2019. Project due for completion in Q1 2020. Meetings continue to be convened with participating Practices with intention of agreeing the redefined Practice layouts and strategic delivery plan. The Project Board meets monthly. There are potential delays in respect of the Wandsworth CCG component of the Project – the Sleaford Street development. The Project Board has recommended that this should not delay the Lambeth CCG components of the Project, and should progress the work to increase the clinical capacity at Binfield Road, Lambeth South and Mawbey Brough. Appointment has been made for design work to increase the clinical capacity at Mawbey Brough. Design scheduled to be complete by end of August 2019. Quotes secured to progress the initial Stage 2 Design Phase for Binfield Road/South Lambeth. Appointment to be made by mid August 2019. Design Stage 2 expected end of September 2019. It is expected that the FBC for the NEV Project (Lambeth element) will go through the various approvals / controls processes through September to November 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	<p>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 started December 2018</p> <p>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</p>	<p>Assurance Regular discussion with Practice/NHSE PAU NHSPS (as landlord) Risk reviewed at Integrated Governance Committee Oversight at Lambeth Estates Forum</p> <p>Gaps in Assurance None identified</p>	Major	Possible	12	CCG to secure funding for further feasibility work – January 2019 Application for ETTF dormant Pipeline funding unsuccessful. Alternate options being actively pursued with NHSPS and LB Lambeth. Preparatory work is being undertaken to determine practice requirements to enable detailed case for funding to be produced. This will enable case to be presented should further NHS (Wave 5) capital be available. NHSPS engaged to produce high level option appraisal. They have advised that there is no 2019/20 customer capital available to support the Project. Detailed option appraisal to be progressed and alternative funding sources Application for LIG has been made – August 2019. A further submission has been made to ETTF.	Minor	Unlikely	4	31-Mar-2020

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	<p>Controls</p> <ul style="list-style-type: none"> 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 Remediation Plan approved by the Digital Technology Group. <p>Gaps in Controls</p> <ul style="list-style-type: none"> None noted 	<p>Assurances</p> <p>Monthly KPI's</p> <p>Weekly meeting with CSU IT Director</p> <p>CCG actively engaged in the newly established contract arrangements monitoring performance Issue considered at Lambeth CCG Digital Technology Group</p> <p>Risk reviewed at Management Team Meeting</p> <p>Gaps in Assurance</p> <p>Very clear governance in place, however the CSU continues to perform below expected standards for both CCG and GP IT.</p>	Major	Likely	16	Revised SEL remediation plan developed and monitored via SEL contract management meeting to which the CCG are actively engaged - March 2020.	Major	Unlikely	8	31-Mar-2020
6G1	Risk to future Telephony offering to GP practices from NEL CSU after migration to HSCN Network, resulting in lack of service	Una Dalton	Moderate	Likely	12	<p>Controls</p> <p>Meetings have been held with NEL CSU to look at the implications of the telephony service they will be providing post HSCN. The issue has been escalated to the senior management at NEL CSU</p> <p>Meeting took place on 26th February 2019 between NEL CSU and the SE London CCG's who are impacted by this issue</p> <p>PID has been produced by NEL CSU and agreed by CCG's.</p> <p>Gaps in Controls</p> <p>Implementation of NEL project plan - HSCN line has not yet been installed</p>	<p>Assurances</p> <p>Oversight of project once developed will be by the SEL SPT, Exponential-e and the Digital/IT leads from the impacted CCG's.</p> <p>Gaps in Assurance</p> <p>NEL CSU's ability to deliver the technical solution.</p>	Moderate	Likely	12	<p>NEL looking at their Telephony offering strategy - trialing in late September and defined as an offering in March 2020</p> <p>STP options paper for different solutions available to the Practices - paper was written in April 2019 and available</p> <p>SEL HSCN supplier putting together an alternative service solution with costings - submitted to the CCG in July, both with various levels of solutions and costed accordingly.</p> <p>Tailor options paper for Lambeth and seek feedback on charges and engage with affected practices to resolve the issue - has been discussed but not happened yet, now part of the digital Accelerator Project.</p>	Negligible	Unlikely	2	30-Sep-2019
8B	Risk of possible failure to plan for future premises needs when Lower Marsh Lease ends 2017	Christine Caton	Moderate	Possible	9	<p>Controls</p> <p>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.</p> <p>CCG GB approved refreshed business case in October 2017. Lease terms agreed in March 2018.</p> <p>CCG and CSU sought specialist advice for assurance on cost.</p> <p>Gaps in Controls</p> <p>Final Business Case for approval of signing of Lower Marsh Lease or confirmation of alternative options.</p>	<p>Assurance</p> <p>This is subject to discussion with landlord and the CCG Governing Body and NHSPS</p> <p>Weekly review at Joint CCG/LBL Management Team meeting</p> <p>Review at SEL CCGs Estates Working Group</p> <p>Gaps in Assurance</p> <p>None</p>	Moderate	Likely	12	<p>CCG is reviewing the option of relocating to a more central and cost efficient location in central Lambeth. Draft business case has been produced.</p> <p>This is now subject to CCG review of space requirements resulting from proposed changes to SEL CCGs'/Place Based configuration (subject to Governing Body approval) – October 2019</p> <p>Costs of Lower Marsh have improved significantly following the introduction of AGILE / Smart working.</p>	Minor	Unlikely	4	31-Mar-2020