Red rated risks for 14 January 2014 Governing Body

Previous Risk Rating (LxC)	Date Added To Register	Timescale	Risk Ref	Risk Description *(and Implication)*	Risk Rating (LxC)	Existing Controls *(measures in place to reduce likelihood and or consequences)*	Assurances on controls	Gaps in controls/ assurance	Current Risk Rating (LxC)	Direction	Target Risk Rating (LxC)	Progress against action plan	Lead
R 3x5=15	01/04/2013		11.1 (1.2)	**Non-compliance of commissioned providers with Winterbourne recommendations**	A 3 x 4 = 12	● Review and discussion at MH/LD commissioning board	**Internal** - discussed key issues at SNCCG Governing Body; reports monthly RE progress to Governing Body **External** - Q&S CSU coordinate with CCG's coordinated action plan	Action plan not available at 1st April to address all actions. Agendas for S&S and CQRMs not yet reflecting WV as standard agenda item.	R 4 x 4 = 16	Same	Y 1 x 4 = 4	Initial actions undertaken to identify register for all Norfolk health patients now able to identify all SNCCG patients. ● Added to SNCCG Q&PSA committee for regular updates from CSU on progress ● Provider contracts for 2013/14 reflect Winterbourne View	SC
R 4 x 4 = 16	09/12/2013		1.1 (1.11)	**NCHC** - risk to patient care due to high numbers of pressure ulcers across community teams in comparision to other EoE community practices resulting in preventable substandard patient care/experience.	R 5 x 4 = 20	● NCHC part of EoE PU collaboration ● NCHC have PU programme well established ● MUST Waterlow skin bundle tool all being implemented ● EoE PU intensive support team review of PU serious incidents undertaken	**Internal** - regular reports provided under Q&S Governing Body paper; PU specified within contract 2013/14 for clinical competencies. **External** - EoE PU intensive support team review of NCHC PU SI report awaited. NCHC/CSU Pressure Ulcer Validation meetings in place.	Need for joined up system-wide learning re PUs i.e. health, private, voluntary sector, providers network.	R 4 x 4 = 16	Same	Y 2 x 3 = 6	Proposal to SNCCG Governing Body to lead on establishment of network. PU workshop planned 16/12/2013. The aim of this Pressure Ulcer event is two fold : Firstly to launch the South Norfolk Quality Improvement Network which will aim to provide a forum to support clinical improvement through shared learning and the development of quality improvement initiatives with a range of stakeholders. Secondly to share with south Norfolk and west Norfolk care providers learning gained from NCHC & NNUHFTs Pressure Ulcer improvement programmes to ensure a shared approach to the prevention of Pressure Ulcers is implemented and sustained. **November -** SHA penalties being negotiated into 14/15 contract for all avoidable PU's in in patient beds.	SC
R 5 x 4 = 20	09/12/2013		2.1 (1.52)	**NNUH -** risk of harm and poor health outcome for stroke patients due to poor stroke performance against standards.	R 4x4 = 16	Norwich CCG Quality lead liaising with Stroke lead NNUH Recovery plan. Stroke lead presenting at June CQRM meeting.	Reports to Central Acute Commissioning Board and Norwich CCG quality board. CQRM monitoring recovery plan. Escalation to SPRG.	Clear recovery plan. Lack of remedies in quality schedule.	R 4 x 4 = 16	▶	Y 1x4 = 4	Recovery plan requested. Lead Consultant and Medical Director engagement. Presentation of recovery plan at June CQRM **June 2013** - Process agreed at June CQRM. **July 2013** - Recovery now developed and discussed at CQRM. NCCG Quality Lead suggested setting up a focus group to develop Best Practice Strategy for implementation. There is a proposal from JPUH to appoint two additional Stroke Consultants to work across NNUHFT and JPUH. This requires agreement and/or clarification from NNUHFT at the next CQRM. **August 2013** - A scoping meeting was held on 07/08/13 - the NCCG have raised a contract query with NNUHFT; awaiting response. **October 2013** - Discussions have taken place with the cardiovascular network, commissioners and senior stroke clinicians. The Trust have: an additional 12 Stroke beds in October 2013, training is in progress for staff being redeployed to this speciality; the separation of Acute Stroke Unit (ASU) and Hyper Acute Stroke Unit (HASU). The HASU is to be co-located with Cardiology patients on a Heart/Stroke in-patient ward ; the ring fencing of HASU beds; a specific request/reporting facility for imagery in respect of Stroke patients. The Trust has stated that it requires a pump-prime investment for both facilities and staffing. **November-** The NNUH has progressed its work with changes to its bed architecture to accommodate expansion of the stroke service. Short listing for consultant post is in progress. Work continues between the Trust, Cardiovascular Network and Commissioners.	SC
R 4 x 4 = 16	01/04/2013		3.1	**Performance - risk to achievement of performance targets**	A 3 x 4 = 12	Trajectory and action plans in place. Regular performance and PMO reports to Governing Body. Monitored by Leadership Team and Collaborative Commissioning Boards. PMO function in place. CCG Assurance quarterly reviews with NHSE East Anglia Area Team	**Internal -** regular performance and PMO reports to CCG Governing Body **External** - NHS England Area Team accountability reviews; NCB	CCG Assurance Framework	R 4 x 4 = 16	Same	Y 1 x 4 = 4	Performance continues to improve in number of key areas. Referral to Treatment waiting times (RTT) at NNUH and JPUH (while clearing long waits) and Ambulance Cat A19 remain an issue. Using contract levers to improve performance	SH

R 4x4 = 16	01/04/2013		3.2	**Risk of failure to engage member practices with QIPP -** impact on delivery of QIPP initiatives.	R 4 x 4 = 16	Good engagement with all 26 member Practices. Finance and QIPP discussed at each Locality meeting. CCG Technical & Finance Group (TFG) terms of reference endorsed at late August 2013 Leadership Team	**Internal** - CCG Governing Body monitors progress with Member involvement with integrated QIPP Plan, Governing Body minutes, Member feedback, signed Compact, Localities, CCG TFG **External** - SHA, NCB, 360° stakeholder survey, QIPP Audit	Demonstrate that process for developing integrated QIPP plan was inclusive and transparent and member practices understand their local plan	R 4 x 4 = 16	Same	Y 1 x 4 = 4	1.Regular CCG senior attendance at Locality fora with Member Practices to ensure vision and values are agreed, identify strategic priorities, agree respective roles and responsibilities 2. Clinical workstreams populated by the Member Practices have QIPP targets to meet.3. Interim Head of QIPP driving QIPP progress forward and increasing Practice engagement 3. CCG QIPP Audit being carried out by Deloittes in December 2013.	SH
R 4 x 4 = 16	01/04/2013		3.7	**Continuing care growing demand and cost**	R 4x4 = 16	CSU commissioned to undertake lead on restitution. Time limited resource hosted by SNCCG to oversee project delivery. Turnaround Steering Group set up co-chaired by SNCCG & NNCCG COs	**Internal** - CCB, Governing Body and Leadership Team oversee delivery **External** - none identified to date	Vacancies in CSU team. QIPP target at risk. PCT legacy regarding restitution remains unresolved	R 4x4 = 16	Same	Y 1 x 4 = 4	Weekly High Cost Panel clinical package review. Turnaround Steering Group continues to meet fortnightly to drive process change and market management. CHC highlighted as a key first priority for any incoming new CSU provider.	JP
R 4 x 4 = 16	01/04/2013		3.8	**Risks with Ambulance service 2) Ambulance turnaround -** *impact on patient care*	R 4 x 4 = 16	Contract monitoring and use of contract levers continues. Weekly system planning meeting has improved performance and identified short and long term actions to improve delivery. Project Domino phase II agreed. Suffolk are lead for Ambulance.	**Internal -** Regular performance reports to CACB and urgent care network **External** - NCB scrutinising performance.	Tripartite agreement still to be agreed. Performance improved but still a concern at peak times; bank holidays etc.	R 4 x 4 = 16	Same	Y 1 x 4 = 4	CCG using contract levers. EEAST producing more definitive action plan for improving performance against both Cat A indicators including changes to staff mix, resources, shift patterns which have caused problems in the organisation. EEAST signed up to Project Domino and actively engaged in system planning. .	JP
R 3 x 5 = 15	01/04/2013		3.9	**Risk of poor quality and safety of Out of Hours care and failure of 111 service** - impact on patient care	R 4 x 4 = 16	EEAST looked to withdraw from contract but CCGs would not accept their notice. SNCCG has to take over as 'lead' from July onwards and reporting via CCB. Area Team scrutiny over 111 (and OOH) at peak times. Performance has improved immensely however staffing still an issue at peak times. Possibly EEAST will look for more funding if service is to continue to improve.	**Internal -** regular performance reports to CCB and CCG Gov Body. **External** - weekly monitoring by Area Team, daily monitoring via teleconference at peak times.	Performance has improved but still underperforming on selected KPIs.	R 4 x 4 = 16	Same	Y 1 x 4 = 4	NHSE, NHSTDA. EEAST & SNCCG (as lead) met November 2013. Contract discussions reaching closure on EEAST's £3.75m bid for more funding in order to sustain performance. Monthly contract meetings will look to apply all contract levers in a timely manner.	JP
R 3x5=15	01/04/2013		5.3	**Risk of failure of CSU - failure to retain staff with sufficient experience & knowledge, failure to provide services to required standard-** risk that these failures will impact on ability of CCG to deliver objectives	A 3 x 4 = 12	Quarterly and monthly performance meetings in place, the latter led by CCG lead Martin Brownewho maintains regular contact with CSU. CSU Key Account Manager reporting weekly update on any outstanding issues.	**Internal** - CCG reviews CSU functions, regular meetings between CCG key account manager and CSU. 13/14 SLA in place with CSU.		R 3 x 5 = 15	Same	A 3 x 3 = 9	New CSU partner selcted and appointment announced 19 December 2013. First mobilisation meeting being arranged 1st/2nd week January 2014.	AD