

Risk ID	Date Added	Risk Category	CCG Strategic Objective	Description of Risk	Initial Consequence	Initial Likelihood	Initial Risk Score	Current Consequence	Current Likelihood	Current Risk Score	Historical Change	Controls to Mitigate	Gaps in Control	Assurance on Controls	Gaps in Assurance	Action Plan	Last Review Date	Target Date	Assurance Level
211	16/06/2015	Contracting	S01 Commission the right services for patients to be seen at the right time, in the right place, by the right professional	Lack of LCC representation at Board and Committee meetings diminishes the CCGs ability to ensure delivery of it strategic objectives to work with colleagues from local authority to improve patient services and has the potential to reduce wider engagement across the local health & social care economy, specifically in relation to its key links with public health.	3	3	9	3	3	9	↔	CCG Chair has met with Director of Public Health to discuss how best to include public health perspective in decision making. This issue is being considered by the public health director. The Better Care Fund, the Health & Wellbeing Board, the Pennine Lancs Partnerships are all opportunities to ensure effective partnership working. The CCG is committed to an outward looking approach without the guarantee of direct input from LCC Partners at the Governing Body.	None identified at present	RMIGG, Executive Team	None identified at present	Proposal to contact East Lancashire Health & Wellbeing Partnership to secure a more local representation.	16/06/2015	31/08/2015	2
210	22/04/2015	Quality and Safety	S01 Commission the right services for patients to be seen at the right time, in the right place, by the right professional	No substantive service to support ELCCG's statutory responsibility to provide Initial Health Assessments for children coming into care aged 16+ years.	3	5	15	3	4	12	↓	June 2015 - Update Options paper presented to SMT/Execs. Decision made to stick with current service provider as interim arrangements. Proposal has been made to LCFT who are willing and have capacity to deliver on this proposal. Business case being outlined. Arrangements in place for Dr Bhat CCG Lead for Children) to work with LCFT in provision of IHA's for 16+ as per PBR tariff. D. Ross	The funding stream from LCC is currently under review. The capacity of the Named GP for Safeguarding may be an issue as they are completing this outside of their CCG commitments.	CCG Safeguarding Assurance Meeting SMT	None Identified at present.	June 2015 - Finalise Service Specification. Interim in place and long term plan to be evaluated. Likelihood reduced to 4 - overall risk rating = 12.	16/06/2015	31/01/2016	2
209	22/04/2015	Quality and Safety	S01 Commission the right services for patients to be seen at the right time, in the right place, by the right professional	Failure to achieve zero tolerance target for MRSA infections during 2015/16	4	3	12	3	5	15	↑	June 15 - Review undertaken for each case of MRSA including engagement of all relevant care providers. Review of all action plans within 3 months. Sharing of lessons learnt as part of the Quality & Safety Committee and shared widely with providers.	Lack of independent provider engagement.	Quality & Safety Risk Committee	None identified at present.	June 2015 - Update required as increased incidents being notified. Risk to be increased to 15.	16/06/2015	31/03/2016	3
205	09/01/2015	Quality and Safety	S01 Commission the right services for patients to be seen at the right time, in the right place, by the right professional;#S02 Optimise appropriate use of resources and remove inefficiencies;#S04 Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	The CCG currently has insufficient strategic and operational quality assurance in relation to infection control.	3	3	9	3	4	12	↑	June 2015 - The Business Case was approved and recruitment is underway. An additional administration post has been agreed and appointed. Safeguarding lead nurse continues to support the CCG.	Control measures are short term as safeguarding lead nurse due to leave the organisation 31/03/15. Interim Manager post will cease 31/03/15. Local Authority IPC Nurse role currently being affected by organisational restructure. These controls do not include a specialist IPC resource and as a consequence essential strategic work has not been completed - including the production of a strategic vision and strategic work plan.	Risk Management Committee monitoring. Executive Management Team monitoring.	None identified at present.	June 2015 - continue to progress recruitment.	16/06/2015	31/05/2015	2

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157	29/09/2014	Provider Sustainability	S01 Commission the right services for patients to be seen at the right time, in the right place, by the right professional;#S02 Optimise appropriate use of resources and remove inefficiencies	Impact for CCG local population due to North West Ambulance Service escalation to Resource Escalation Action Plan (REAP) level 3.	4	4	16	4	3	12	↓	June 2015 - The Escalation status has remained static over the past several months due to capacity issues across the North West. Recent recovery action plan which involved all administrative and management positions with clinical expertise were allocated to NWS vehicles to provide further capacity to ensure that an improvement in performance was achieved for Q1.	Joint NWS/ELHT plan to be seen. Current TAT performance indicates further improvement work necessary. NWS action plan for Sept 14 onwards awaited.	Daily monitoring of performance reports.	None Identified at present	July 2015 - In April and May the current arrangements for controls were reviewed resulting in a) bi weekly operational meetings B) Renewed focus on the joint action plan between ELHT and NWS. C) increased ALO presence at ELHT to manage and co ordinate TAT. D) The actions will form a part of the System Wide Recovery plan being developed currently and overseen by the System resilience Group. Confirmation required that risk description is accurate to reflect the impact of NWS performance.	16/06/2015	31/07/2015	2
143	18/06/2014	Quality and Safety	S01 Commission the right services for patients to be seen at the right time, in the right place, by the right professional;#S03 Improve access, quality and choice of service provision within Primary Care	Failure to address the new requirements in existing and new packages of care related to Deprivation of Liberties under the MCA (2005) will lead to the CCG commissioning services which deprive people of their liberty and associated potential legal damages.	3	3	9	3	2	6	↓	April 2015 - Training for CCG & CSU staff has been completed. New contract requirements are agreed. Current likelihood reduced from 3 to 2.	July 14 - This is a national issue and further clarity is required	RMIGG Meetings Quality and Safety Committee Safeguarding Assurance Board	Further information is required	July 2015 - remains a national issue - awaiting feedback.	16/06/2015	30/09/2015	2
142	15/05/2013	Finance	S03 Improve access, quality and choice of service provision within Primary Care;#S04 Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	The CCG is accountable for Individual Patient Activity (IPAs). There is a lack of assurance and information from the Commissioning Support Unit (CSU) who manage IPAs on behalf of CCGs	4	4	16	3	2	6	↓	July 2015 - No Lancashire wide policy, however the CCG are using the framework within the local policy to ensure consistent decision making. The CCG attends the working group for the development of the IPA Policy and there is a final draft document being shared in July 2015. No change to risk score.	None identified	RMIGG Meetings Quality and Safety Committee	None identified	June 2015 - Cathy Gardener now sits on the policy working group of the IPA programme board which is taking this piece of work forward along side the clinical policies. No date yet for the draft IFR framework.	16/06/2015	31/07/2015	2
140	18/06/2014	Quality and Safety	S03 Improve access, quality and choice of service provision within Primary Care	Failure to achieve the 95% 4 hour standard of patients admitted, transferred or discharged within Accident and Emergency Services within East Lancashire.	4	3	12	4	4	16	↑	June 2015 - Daily focus on elements of performance being undertaken by the unscheduled care team including delayed transfers of care, daily telephone conversations continue and turnaround times will be addressed with providers.	Lack of monthly forecasting and position statement. Unscheduled care group reporting.	RMG Meetings Quality & Safety Committee ELHT Executive Meetings	None identified	July 2015 -Q1 targets failed. High volume of breaches for Q2. Risk score increased to L4xC4) 16. Further update from unscheduled care lead required.	16/06/2015	31/03/2016	3
136	29/10/2013	Performance	S01 Commission the right services for patients to be seen at the right time, in the right place, by the right professional;#S02 Optimise appropriate use of resources and remove inefficiencies	The CCG has a responsibility to fully understand the patient related activity within complex packages of care around key areas such as Mental Health and Learning Disability to be able to meet the requirements of the Winterbourne concordat and Transforming Care programme for Learning Disability and the transition of the inpatient Mental health model and related rehabilitation services.	4	3	12	4	3	12	↔	April 15 - Extra resources have been included in the contracts including management review.	Lack of approved protocol	RMG Transition Oversight Group	None identified	April 15 - A national database of patients with LD/Autism detained under the act will be created – all admissions, discharges and transfers will need to be input directly from now on. Ongoing, regular updating will then be required. updates required on-going (real-time).	21/04/2015	31/05/2015	2

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133	29/11/2013	Quality and Safety	S01 Commission the right services for patients to be seen at the right time, in the right place, by the right professional;#S02 Optimise appropriate use of resources and remove inefficiencies	East Lancashire CHC/FNC. Current capacity issues within CHC team leading to potential delays in reviews being undertaken which links to safety of patients under this area.	4	4	16	4	4	16	↔	April 15 - no change to risk score. Recruitment process is still underway.	There are outstanding issues linked to the 3 monthly reviews. Still no monitoring of CHC cases. Feb-14 - no progress made as yet in progressing this issue (risk remain same)	Quality & Safety Committee Safeguarding Assurance Board	No assurances provided	April 15 - continue with recruitment process and highlight areas where other vacancies will occur.	21/04/2015	30/06/2015	3
131	12/08/2014	Quality and Safety	S01 Commission the right services for patients to be seen at the right time, in the right place, by the right professional;#S02 Optimise appropriate use of resources and remove inefficiencies	Inability to commission TIER 4 services resulting in in appropriate healthcare services for young people.	4	5	20	4	4	16	↓	July 2015 - CCG undertaking all possible actions. Awaiting outcome of national review of TIER 4. No change to risk score.	Recommendation that the Commissioning Support Unit supports CCGs and CAMHS providers to undertake a review of Out of Hours provision and make recommendations for pathway changes will be considered by CCG's	Risk Management Group, Local Delivery Group, Audit Committee, Governing Body. Lancashire wide CAMHS review group with senior management representation from East Lancs CCG.	Pathway changes	July 2015 - Lancashire Children and Young People Commissioning Leads have requested a formal written update on progress with the CAMHS Tier 4 beds and outreach developments as they are progressing across the country and therefore affect Lancashire given the difficulties a number of CCGs continue to face.	16/06/2015	31/12/2015	2

Action Required:		
KEY	Assurance Level	Action & Timescales
6 - 8	Significant Gap	Prepare action plan for Risk Group and submit to next Audit/Quality Committee meeting.
3 - 4	Moderate Gap	In conjunction with a review of assurance of any other controls, for the same risk, submit to Risk Groups or Audit /Quality Committee for discussion and proposal of an action plan.
1 - 2	Sufficiently Assured	No further action, keep under review as per normal Assurance Framework reviews at Risk Committee & Audit Committee