

Appendix One

Governing Body Assurance Framework

21 April 2016

GBAF No	Title	GB Review Date	Corporate Objectives	Score
Active Risks				
1	Mental Health Services Capacity	25-May-16	Health Need Priorities:	16
3	Delivery of the CCG Quality Premium Priorities	27-May-15	Quality	16
5	Caring Together Delivery Programme	24-Jun-15	Working Together	20
6	Co Commissioning Primary Care Services- Conflict of Interest	30-Sep-15	Working Together	12
14	Stroke Compliance in Eastern Cheshire	27-Apr-16	Health Need Priorities	15
16	East Cheshire NHS Trust Underlying Financial position	27-Jan-16	Investing Responsibly	25
17	Elective, Diagnostic and Outpatient Access to Services	28-Sep-16	Health Need Priorities	12
18	Emergency Ambulance Performance in Eastern Cheshire	24-Feb-16	Working Together	20
19	Demand and Capacity Non Elective Care	30-Nov-16	Health Need Priorities	20
20	Delegated Commissioning of Primary Care (General Medical)	25-Jan-17	Working Together	12
22	NHS Eastern Cheshire CCG 2016/17 Planned Financial Deficit	29-Jun-16	Investing Responsibly	25
To Be Removed				
9	CCG Financial Challenge	27-Jul-16	Investing Responsibly	1
10	Productivity Delivery	26-Oct-16	Health Need Priorities	1
Low to Medium Risk		High Risk		Very High Risk

GBAF 1	Objectives: Health Need Priorities:		
	Risk Owner	Executive Lead	Responsible Committee
	Emma Leigh	Neil Evans	Clinical Quality and Performance Committee

Mental Health Services Capacity

Currently the demand on mental health services in eastern Cheshire remains, across both children’s and adults services, which pushes capacity to its maximum limits. Many patients still have to wait longer than the mandated waiting times, although the introduction of new measures in April 2016 should see some improvements. IAPT remains one of the biggest areas of challenge. Following a number of successful mitigating actions, demand on services is still high and we are now entering active procurement of primary care mental health services. Due to the limited provider market in Eastern Cheshire there remains a high risk that we may still be unable to deliver the mandated targets as specified.

Risk Rating	Risk Score History		Rationale Current Score
Likelihood x Impact - Score			
Initial	5	5	25
Current	4	4	16
Appetite			12
Date Added	18/07/2014		<div style="border: 1px solid #ccc; padding: 5px;"> The actions within controls have yet to be completed; therefore the service continues to operate at risk. </div>
Target Date	01/11/2014		
Risk Closure			
Update Date	14/04/2016		
Update Status	Current		

Month	Score
Apr '15	16
Jun '15	16
Aug '15	16
Nov '15	16
Jan '16	16
Feb '16	16
Mar '16	16
Apr '16	16

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
We have developed a new service specification. Planned for market needs analysis and stimulated the market through a communications plan.	Monitor impact of additional IAPT provision being implemented through Q1/2 using NHS England support funding. A mitigating action plan is being delivered by CWP to address how to cope with the loss of capacity whilst CAMHS clinicians are on maternity. The CCG has brought in agency staff to cover gaps in service provision. Governance for this is being provided by CWP.

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
Contractual monitoring takes place to review performance and gaps as they are identified.	A number of clinicians within the CAMHS service are due to be on maternity leave at the same time. We have recruited into post but capacity is still limited due to ongoing sickness within the service. An action plan has been generated to mitigate this issue.

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Explore opportunities to work with the voluntary sector, learning from and building on the partnership with Visyon in the delivery of 16-19 services.	COMPLETE	J Wilkes	30/06/2015	12/06/2015
Submit request for additional resources to Maintain existing levels of investment in CAMHS ADHD/ASC to enable the service to continue at its current level and reduce waiting times to 12 months	COMPLETE	J Wilkes	23/07/2015	31/10/2015
Changed Title	COMPLETE	P Bowen	01/08/2015	03/08/2015
Support the JSNA and undertake benchmarking to understand the level of commissioning in peer CCGS	COMPLETE	J Wilkes	31/08/2015	09/11/2015
Work in partnership with CWP to develop a needs led capacity plan and build a business plan which demonstrates a phased 2 year improvement in performance and investment., in both adult and children's services.	COMPLETE	J Wilkes	31/08/2015	09/11/2015
Liaison Psychiatry	COMPLETE Pump priming submission to NHS England to extend service provision and link to CYP mental health agenda	E Leigh	09/11/2015	09/11/2015
Mental Health Strategy	COMPLETE Authored 'Whole of Life' mental health strategy to determine the scope of vision of mental health provision for services 2016/2020	E Leigh	30/11/2015	30/11/2015
IAPT options appraisal	COMPLETE Options appraisal of alternative solutions to IAPT/primary mental health care provision	E Leigh	31/12/2015	31/12/2015
IAPT SilverCloud provision	COMPLETE End of SilverCloud provision and evaluation - supported by SilverCloud/ Berkshire colleagues	E Leigh	31/12/2015	31/12/2015

Transformation Monies to be spent in 2015/16	COMPLETE - Monies spent in year. Received Children and Young People Mental health Transformation Monies, but full year allocation has to be spent in 2015/16 (current) financial year.	E Leigh	31/03/2016	16/03/2016
Review of impact of additional investment in CAMHS 16-19 service	COMPLETE- update 9/11/15 this service has been extended until March 2016, with view to embedding the provision within the wider redesign of CAMHS	E Leigh	31/03/2016	31/03/2016
CAMHS	COMPLETE Review CWP mitigating actions in response to loss of capacity in CAMHS service	L Davidson	30/04/2016	14/04/2016
IAPT Reprocurement	COMPLETE Develop Business Case for CCG Governing Body	E Leigh	31/05/2016	14/04/2016
IAPT	COMPLETE Improvement plan developed with support from NHS England	L Davidson	30/06/2016	14/04/2016
Procurement Active	Procurement for Primary Mental Health Care Service	E Leigh	30/09/2016	
IAPT Reprocurement	COMPLETE Procure provider of Primary Mental Health (including IAPT)	E Leigh	30/09/2016	14/04/2016

GBAF 3	Objectives: Quality		
	Risk Owner	Executive Lead	Responsible Committee
	Sally Rogers	Sally Rogers	Executive Committee

Delivery of the CCG Quality Premium Priorities

The risk is that the CCG may fail to deliver the expected improvements in the quality of care available to our population. This leads to a quality of service risk to our population and potentially a reputational and financial risk to the CCG.

The CCG uses the NHS England quality premium scheme as a delivery mechanism to achieve our quality priorities. Quality and performance Committee monitors progress in delivering these schemes.

Risk Rating <small>Likelihood x Impact - Score</small>	Risk Score History	Rationale Current Score																														
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Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
<p>Developed robust implementation plans for our priority areas. Oversight by Quality and Performance Committee.</p> <p>Purchase of Business Information product (Ssentif) to report on performance. This product is being used to monitor performance and provide information to the Quality and Performance Committee</p> <p>Monitoring of East Cheshire Trust, CQC plan through the contract and participation of monthly tripartite meetings with NHS Trust Development Authority</p>	<p>Development of plans around delivery of our quality priorities (quality premium measures). East Cheshire Trust have developed an action plan to improve areas of weakness identified by CQC. Whilst the Trust Development Authority is accountable for overseeing implementation of this plan the CCG is working closely with both parties to gain assurance. We are also working with South Cheshire and Vale Royal CCGs to align our activities with community services.</p>

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
<p>Developed monitoring systems, which will allow the CCG to quickly respond and develop mitigating plans where they are going off track. The Quality and Performance Committee review progress each month and request mitigating actions put in place where performance is "off track"</p>	<p>Business cases will be required to invest in some of the areas in the plan.</p> <p>Some measures are dependent on Provider performance and application of the contract levers does not quickly deliver performance improvement.</p>

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Monthly CQC Updates	ONGOING Monthly CQC updates are being provided through ECT contracts meeting	N Evans	31/03/2015	31/03/2015
Ssentif dashboard development	COMPLETE	N Evans	31/07/2015	21/10/2015
Ssentif training delivery	COMPLETE	N Evans	31/08/2015	21/10/2015
Business Case in development	COMPLETE	N Evans	31/08/2015	21/10/2015
Recovery plans requested for "non-performing" areas	COMPLETE These include SRG, Mental Health, and Care Home Indicators contained within risks 39,29 and 30. Specific action plans requested inc. pressure sore incidence, falls and quality premium indicators	A Binnie	30/11/2015	30/11/2015
Risk Score Increased	COMPLETE The Risk Likelihood Score has been increased to reflect the current poor performance in relation to A&E mental health measures. Mitigating actions are being implemented to improve performance.	N Evans	29/02/2016	29/02/2016
Years of Life Lost Indicator Dispute	COMPLETE NHS England declined our challenge. NHS England assessed that the CCG had not achieved the Potential years of Life Lost indicator in 2014/15, this has been formally challenged with NHS England	N Evans	29/02/2016	11/02/2016
Monitoring of ECT services	Monthly reports and contract meetings identify any areas of concern and seek mitigating actions	A Binnie	31/03/2017	

GBAF 5	Objectives: Working Together		
	Risk Owner	Executive Lead	Responsible Committee
	F Blakeman	J Hawker	Governing Body

Caring Together Delivery Programme

Failure to deliver the Caring Together programme due to the availability of transformation funding - impacting on the CCG's ability to achieve its strategy.

Risk Rating	Risk Score History		Rationale Current Score
Likelihood x Impact - Score			
Initial	3	5	15
Current	4	5	20
Appetite			12
Date Added	07/03/2014		
Target Date	31/03/2016		
Risk Closure			
Update Date	18/04/2016		
Update Status	Current		

Risk score increased to 20 (4x5) due to worsening financial position within the economy likely to impact on our ability to implement the scale of transformation as part of the Caring Together programme.

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
Robust governance arrangements. Developing a narrative for the Sustainability and Transformation Plan (STP). Make the case for transformation funding via the Sustainability and Transformation Plan.	The CCG is working in collaboration with Caring Together partners to identify what changes can be introduced within existing resources. Detailed modelling work to identify what resources are required to implement the Caring Together Programme. Establish work streams with clarity of purpose and pace and scale of change.
Assurances (How do we know if things are having a positive effect?)	Gaps In Control
Regular progress reports to the Caring Together Programme Board and the CCG Governing Body.	Detailed understanding of current services. Detailed up to date activity and financial modelling input.

Risk Actions

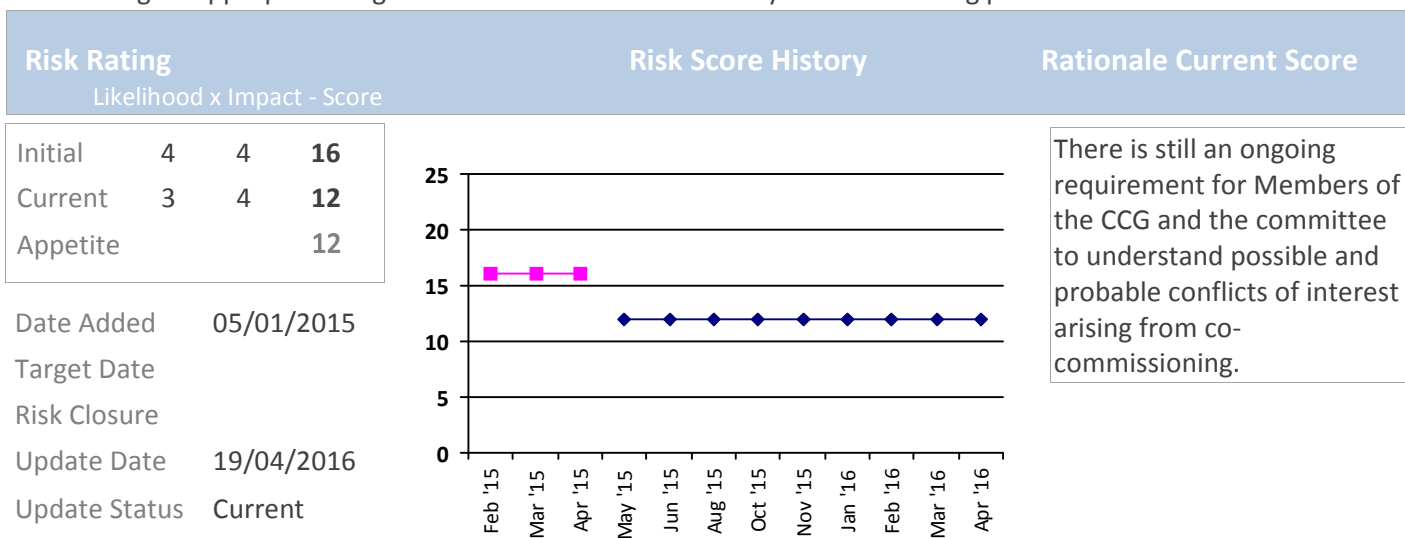
Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Revised implementation plan to be presented to the statutory commissioning bodies	COMPLETE Revised implementation plan to be presented to the statutory commissioning bodies for formal support by the end of January.	Jerry Hawker	14/01/2015	14/01/2015
Implementation phase of 2015/16 to be finalised	COMPLETE To be finalised at July 2015 Caring Together LF	F Blakeman	15/07/2015	30/09/2015

Partnership Working Models	COMPLETE Agreed to raise at the Caring Together Leadership Forum the need to explore options for partnership working across providers. CCG working closely with NHSE and TDA. CEO of East Cheshire Trust has been asked to coordinate and present to the CTLF	F Blakeman	31/07/2015	30/09/2015
Commissioning Alliance	COMPLETE Establish Commissioning Alliance due to go to September 2015 Governing Body	F Blakeman	30/09/2015	30/09/2015
Clinical Leaders Group	COMPLETE established November 2017	F Blakeman	17/11/2015	17/11/2015
GB agreed increase in score	COMPLETE GB agreed increase in score to 20. MP to update.	M Purdie	25/11/2015	01/12/2015
Programme Executive Group	COMPLETE established 17th November 2015	F Blakeman	31/12/2015	17/11/2015
Commissioning Board	COMPLETE Establish January 2016	F Blakeman	31/01/2016	10/02/2016
Caring Together Dashboard	COMPLETE-Dashboard to be considered at next PB meeting	F Blakeman	10/02/2016	10/02/2016
Independent Chair	COMPLETE Recruit independent chair	F Blakeman	29/02/2016	10/02/2016
Implementation Plan	COMPLETE - Finalise and present to Programme Board	F Blakeman	09/03/2016	09/03/2016
Assurance Framework	COMPLETE-Develop a caring Together Assurance Framework	F Blakeman	09/03/2016	09/03/2016
New Work Streams	COMPLETE Establish New Work Streams UPDATE - Partially complete 10/2/16	F Blakeman	31/03/2016	31/03/2016
Local Delivery Plan	COMPLETE Finalise and sign off with all partners	F Blakeman	31/03/2016	31/03/2016
Memorandum of Understanding	COMPLETE Finalise and sign off with all partners	F Blakeman	31/03/2016	31/03/2016
Workstreams	Clarity of purpose	F Blakeman	30/04/2016	
Financial modelling	PWC to complete initial financial modelling	A Mitchell	30/04/2016	
Sustainability and Transformation Plan	Finalise the narrative and clear articulation of the resources needed	F Blakeman	20/05/2016	
Financial and Activity Modelling	Work streams to complete modelling	F Blakeman	20/05/2016	

GBAF 6	Objectives: Working Together		
	Risk Owner	Executive Lead	Responsible Committee
	M Cunningham	J Hawker	Governing Body

Co Commissioning Primary Care Services- Conflict of Interest

From April 2015 the CCG took on joint commissioning arrangements for the co-commissioning of Primary (General Medical) Care Services (PGMCS) with NHS England, with the aspiration to undertake full delegated responsibility for commissioning PGMCS from April 2016 (subject to agreement). A PGMCS Joint Committee has been required to be set up. The additional responsibilities of locally commissioning PGMCS exposes the CCG to a greater risk of and frequency of actual and perceived conflict of interests arising when PGMCS commissioning decisions are made. This may lead to reputational damage for the CCG with our practices, NHS England and key stakeholders, including staff and members of the public, as well as legal recourse. The specific risks are a) is that members of the Joint Committee are not sufficiently trained in the legal and governance requirements around conflicts of interest (COI), especially in relation to the commissioning of PGMCS, and b) that actual and potential COI can be managed while maintaining an appropriate degree of clinical involvement in any decision making processes.



Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
<p>Head of Corporate Services (HOCS) has been tasked with developing the management controls and processes around conflict of interest (COI) and reports to the Executive Committee and Governing Body on a regular basis. CCG has sought additional legal guidance from NHS England and legal firm Capsticks Solicitors LLP on confirming and ensuring existing internal control processes and governance documentation to identify, record and mitigate COI are robust and in accordance with statutory guidance on CCs managing COI.</p>	<p>Done:</p> <p>CCG documentation (Terms of Reference, Standards of Business Conduct) and internal processes have been confirmed as compliant and robust in line with national guidance. Conflicts of interest training undertaken by majority of Joint Committee membership and CCG Governing Body membership. Joint Committee membership identified which meets guidance and advice about degree of clinical involvement, difference in membership as compared to that of Governing Body and statutory membership and lay member chair, non-clinical majority guidance for managing conflicts of interest sent to committee members.</p> <p>Decision log developed and out for review.</p> <p>Standards of Business Conduct Policy document, updated and out for ratification by Governance and Audit Committee</p> <p>To do:</p>

Amendments to be undertaken to key CCG governance Documents (Constitution and SORD to reflect latest legal advice)

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
COI are identified and recorded, with the necessary detail to provide assurance of robust processes in place.	There is a level of uncertainty over the level of potential risk

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Media Monitoring	On going monitoring of media by comms team	M Cunningham		
Complete Terms of reference	COMPLETE -April 2015 Final draft Terms of Reference completed – due to be approved	M Cunningham	31/05/2015	31/05/2015
Ensure CCG governance documentation reflects latest guidance and best practice around management of COI	COMPLETE – CCG Constitution, Standards of Business Conduct, Committee TOR	M Cunningham	01/11/2015	19/11/2015
Agreed process for capturing and recording decisions made	COMPLETE - Agreed process for capturing and recording decisions made	M Cunningham	30/12/2015	30/12/2015
Development of Register of Decisions	COMPLETE - Development of Register of Decisions	M Cunningham	30/12/2015	30/12/2015
Joint Committee Members Conflict of Interest Training	COMPLETE Ensure that committee members who have not undertaken formal COI training undertake training ahead of next meeting	M Cunningham	04/02/2016	11/02/2016
Update CCG Declaration of Interests form to reflect guidance and best practice	COMPLETE (subject to ratification by GAC)Ensure CCG Declaration of Interest form and Register of Interests meet best practice	M Purdie	31/03/2016	15/01/2016
Update CCG Policies and procedures following release of revised COI statutory guidance for CCGs from NHS England in April 2016	Ensure CCG policies and procedures are compliant in reflecting statutory guidance	M Cunningham	29/04/2016	
Arrange COI Training	Ensure members of the Committee have had opportunity to attend/receive up to date training on management of COI	M Cunningham	01/07/2016	

GBAF 9	Objectives: Investing Responsibly		
	Risk Owner	Executive Lead	Responsible Committee
	A Mitchell	A Mitchell	Governing Body

CCG Financial Challenge

ECCCG has agreed to continue with its 5 year strategy whilst maximise its resources in order to deliver NHS England’s business where possible. Currently, for 15/16 ECCCG is not meeting its 15/16 required surplus of 1%, but is planning to deliver £1.4m (0.6%). The approach enables ECCCG to create a transformation fund that is required to pump prime service change as it transforms the system into a long term clinically and financially stable economy. Risk Possibility that NHS England may not accept ECCCG position and require a planned surplus of 1% which would reduce the transformation fund and delay our 5 year strategy.

Risk Rating	Risk Score History	Rationale Current Score																																
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Initial	3	4	12																															
Current	1	1	1																															
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<p>Date Added 18/05/2015</p> <p>Target Date</p> <p>Risk Closure 20/04/2016</p> <p>Update Date 21/04/2016</p> <p>Update Status Current</p>																																		

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
<p>2015/16 Financial Plan submitted to the Governing Body in draft. Governing Body committed to 5 year plan whilst maximising surpluses. 2015/16 Financial Plan submitted to NHS England in accordance with appropriate timescales.</p> <p>ECCCG budget to be monitored via Finance Committee and Governing Body. Continual dialogue with NHS England around ECCCG financial position.</p> <p>All forecasts are continually reviewed and have recently been subjected to an in depth review by the finance and contracting team.</p>	<p>Potential to use any slippage on budgets and or transformation fund to increase our year end surplus. Any revisions to our surplus would be agreed by the Governing Body prior to discussing with NHS England. ECCCG will be undertaking a full assessment of its directly provided and commissioned services to support an approach of prioritisation within available funding.</p> <p>All available slippage or available funding i.e. transformation funding has been used to offset the forecast position. This includes maximising any slippage on additional allocations that have been received by ECCCG recognising that this may have an adverse impact on 16/17 financial position. ECCCG are reviewing any new requests for expenditure which are over and above our existing contracts / services with the aim of minimising our costs in the current financial year.</p>

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
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In year monitoring of performance compared to budgets. Forecast is in line with planned surplus as reported to Finance Committee and Governing Body. 2015/16 audited year end position reflects a surplus of £1.4m.

ECCCG has taken steps to limit its spend in the remaining 2 months of the year, although it does not have a formal policy / process that it can implement. Whilst this would not materially differ from the actions already being taken it would provide assurance that the approach being adopted is formalised.

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Submit financial plan	COMPLETE Submit detailed 15/16 Financial Plan to May Governing Body	A Mitchell	31/05/2015	31/05/2015
Submit 5 year plan	COMPLETE Submit revised 5 year plan	A Mitchell	30/11/2015	31/10/2015
NHS England Reporting	COMPLETE Monthly reporting to NHS England has identified an increased risk to delivering our surplus.	A Mitchell	11/02/2016	11/02/2016
Review Expenditure	COMPLETE All new expenditure not associated with existing services or contracts is being reviewed and either declined or delayed until the next financial year	A Mitchell	31/03/2016	13/04/2016
Expenditure Control Process	COMPLETE Transfer to CFO - Create a policy for the Governance & Audit Committee to review around the options for controlling expenditure	A Mitchell	30/04/2016	20/04/2016

GBAF 10	Objectives: Health Need Priorities		
	Risk Owner	Executive Lead	Responsible Committee
	A Mitchell	A Mitchell	Executive Committee

Productivity Delivery

Within the 15/16 Financial Plan, ECCCCG has a requirement to reduce its costs by circa £2.55m in line with its Productivity plan. The successful delivery of its productivity initiatives will improve the quality of services whilst reducing the expenditure and enabling ECCCCG to deliver its financial plan within its available resources. Risk: The potential non delivery of productivity in year could impact on ECCCCG ability to meet its annual objectives and or its financial surplus.

Risk Rating	Risk Score History			Rationale Current Score
Likelihood x Impact - Score				
Initial	4	4	16	Productivity plans identified and in place, although capacity constraints impacting on pace of delivery.
Current	1	1	1	
Appetite			12	
Date Added	18/05/2015			
Target Date				
Risk Closure	20/04/2016			
Update Date	21/04/2016			
Update Status	Current			

Month	Score
May '15	16
Jun '15	16
Aug '15	16
Oct '15	16
Nov '15	16
Jan '16	16
Feb '16	16
Mar '16	16

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
<p>Schemes identified</p> <p>Productivity targets agreed and transferred to budget holders.</p> <p>Detailed monitoring via the Finance Committee.</p> <p>Detailed productivity schemes reviewed by the Finance Committee.</p>	<p>Slippage on in year investments to be available should productivity schemes appear to be not delivering in full within the financial year.</p> <p>Over reliance on non recurrent schemes to deliver the productivity target. Future schemes need to be focused on reducing costs recurrently.</p> <p>Some of the schemes have slipped in year and as such will not deliver any productivity efficiency in year. Future schemes will have a realistic assessment made on both the resources and timeframes needed to deliver the scheme.</p>

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
<p>Progress and delivery to be monitored via the Finance Committee and reported through to the Governing Body.</p> <p>MIAA Internal Audit has been undertaken on the productivity schemes and process and has highlighted a number of recommendations which will enhance the process and provide further assurance.</p>	<p>Potential lack of capacity within ECCCCG to manage the productivity schemes.</p>

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Sign off plans	COMPLETE Sign off High Level plans at May Governing Body	A Mitchell	31/05/2015	28/05/2015
Summary productivity Plan	COMPLETE Summary productivity plan reviewed at finance committee	A Mitchell	10/06/2015	10/06/2015
Finalise schemes	COMPLETE Finalise plans, leads and timeframes for each Scheme	E Insley	30/06/2015	31/07/2015
MIAA Internal Audit	COMPLETE Implement actions as identified within the Audit Report for 16/17 productivity schemes	A Mitchell	30/04/2016	20/04/2016

GBAF 14 <small>15</small>	Objectives: Health Need Priorities		
	Risk Owner	Executive Lead	Responsible Committee
	Neil Evans	Neil Evans	Clinical Quality and Performance Committee

Stroke Compliance in Eastern Cheshire

East Cheshire Trust are currently not achieving a number of national quality measures and the local population does not have access to sufficient community rehabilitation nor an Early Supported Discharge service. The consequence being that patients could be receiving sub optimal care during their acute care and rehabilitation. Measurement of performance against National Stroke quality indicators shows that there are limitations in patient access to consultant, speech and language therapy and physiotherapy provision. East Cheshire Trust have served notice on delivery of hospital based stroke care, from 31st March 2016. The CCG therefore needs to find an alternative provider to deliver local acute and rehabilitative stroke care.

Risk Rating	Risk Score History			Rationale Current Score
Likelihood x Impact - Score				
Initial	5	3	15	Considerable concern at both a local and national level in relation to ECT's ability to deliver compliance in a timely manner.
Current	5	3	15	
Appetite			12	
Date Added	13/07/2015			
Target Date				
Risk Closure				
Update Date	19/04/2016			
Update Status	Current			

Month	Score
Jun '15	15
Aug '15	15
Nov '15	15
Jan '16	15
Feb '16	15
Mar '16	15
Apr '16	15

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
Monitoring of performance of stroke service using SSNAP data to indicate areas of compliance against national quality indicators. These indicators are monitored through the CCG Clinical Quality and Performance Committee with East Cheshire Trust being held to account for the measures under their control through the NHS Standard Contract process. The Regional Strategic Clinical Network are supporting work between the two providers	Held a review meeting with the ECT and the national Clinical Director for Stroke and both local clinical networks. (Cheshire and Merseyside and Greater Manchester and Lancashire) Improvement opportunities were discussed and prioritised. We are currently finalising a business case and specification for community rehabilitation / early supportive discharge service, which will give greater capacity and capability to care for people, either in their own home or in the hospital. Meeting held between East Cheshire Trust, Stockport FT, Manchester and Lancs Clinical Network and the CCG to agree a programme of work to explore options for joint working to deliver care requirements.

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
National stroke indicators are being monitored to identify improvements/deterioration in performance	Whilst the providers have agreed to work together at present a detailed improvement plan has not

whilst mitigating actions are implemented

been developed and nor have financial and governance arrangements been agreed to support this arrangement.

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Meeting with Stockport	COMPLETED Meeting with Stockport to conclude network arrangements	N Evans	27/07/2015	21/08/2015
Meeting with Stockport	COMPLETED Meeting with Stockport to conclude network arrangements	N Evans	27/07/2015	20/08/2015
Confirm in writing the CCG expectation	COMPLETED Confirm in writing the CCG expectation in relation to an improvement trajectory	N Evans	31/07/2015	21/08/2015
Confirm in writing re improvement trajectory	COMPLETED Confirm in writing the CCG expectation in relation to an improvement trajectory	N Evans	31/07/2015	20/08/2015
Developing a working model	COMPLETED Providers are working together to develop a proposed model which meets the service specification. This includes the financial impacts and governance arrangements. CCG are represented on this project. 30.09.2015	N Evans	30/09/2015	19/11/2015
Developing a service model	COMPLETED The CCG has formally written to Stockport FT, to confirm their intention to work with East Cheshire Trust on a service transfer agreement. The intention will be that services are provided on the current location but by a different provider.	N Evans	30/11/2015	30/11/2015
Stockport Business Case	Stockport to take a business case to their board at end of January 2016, with a view to taking over the Acute Stroke unit from MDGH. The intention being that the service is transferred in April. Meeting scheduled with Stockport 8th March.	N Evans	31/03/2016	31/03/2016

CCG Business Case for Community Rehab and Stroke...	UPDATED 11/02/2016 CCG to develop a Business Case for Community Rehab and Stroke Early Supported Discharge to support the potential service change. Working with Operational Delivery Network for Greater Manchester and Stockport CCG	J Wilkes	31/05/2016
Negotiate with Stockport FT future model	An interim business case has been implemented. Negotiating a longer term solution from 1 October 2016.	N Evans	30/06/2016

25 GBAF 16	Objectives: Investing Responsibly		
	Risk Owner	Executive Lead	Responsible Committee
	A Mitchell	A Mitchell	Executive Committee

East Cheshire NHS Trust Underlying Financial position

East Cheshire Trust is our key provider of Acute and Community services within Eastern Cheshire CCG footprint. The Trust has an agreed 2016/17 planned deficit of £19.6m and non recurrent transformation funding of £4.3m giving a combined non recurrent support of circa £24m.

The risk is that the required reduction in expenditure may have a significant impact on the range and delivery of services currently provided by the hospital.



Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
Continuing work around transformation programme and finalising approach, with partners, to an Eastern Cheshire economy solution which is aimed at reducing the current level of deficit i.e. Caring Together Leadership Forum. Fortnightly Strategic Contract Meetings between East Cheshire Trust and ECCCCG to review commissioning intentions and progress towards the 2016/17 Contract. ECCCCG is undertaking a full review of its commissioned services via a Commissioning Prioritisation Process which will provide a number of options to support ECCCCG in reducing its costs.	Sustainability Steering Group created with partners and systems regulators to agree direction and associated next steps.

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
NHS East Cheshire Trust deficit improves significantly. The Eastern Cheshire transformation programme is approved and transitional funding is made available.	Detailed information that supports robust analysis of the Trust Financial Position by service line is not appropriately developed. Progress via the Sustainability Steering Group to date has been limited with limited progress on the future options for the Trust

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Caring Together Leadership Forum – Agree direction	COMPLETE Agree direction of travel	J Hawker	21/10/2015	17/11/2015
Economy Meeting	COMPLETE Meeting with NHS England, Trust Development Agency, ECT and ECCCG to discuss future transformation programme.	J Hawker	19/11/2015	19/11/2015
Procurement of Financial Modelling	COMPLETE A recent procurement process has been taken to identify a preferred consultancy to provide the additional capacity	A Mitchell	15/02/2016	15/02/2016
Identify Additional Funding (Financial Modelling)	COMPLETE Liaise with NHS England to identify additional funding <£200k	A Mitchell	19/02/2016	24/02/2016
Service Review	COMPLETE Review of Services	A Mitchell	31/03/2016	22/03/2016
Review Commissioning Intentions	COMPLETE Review ECT 2016/17 Commissioning Intentions	N Evans	31/03/2016	22/03/2016
2016/17 Contract Discussions	COMPLETE Contract signed. Likely not to agree contract resulting in mediation	A Mitchell	30/04/2016	20/04/2016
Financial Modelling	Outcome of external modelling of ECT options	A Mitchell	20/05/2016	
ECT Future Options	Sustainability Steering group to propose future option appraisal	A Mitchell	01/10/2016	

GBAF 17	Objectives: Health Need Priorities		
	Risk Owner	Executive Lead	Responsible Committee
	Neil Evans	Neil Evans	Clinical Quality and Performance Committee

Elective, Diagnostic and Outpatient Access to Services

The CCG is unable to meet our statutory duty to provide patients with timely access to treatment under the NHS Constitution. This includes 18 week referral from a GP to treatment, national standard waiting times for patients with suspected or actual cancer. In addition patients require timely access to an outpatient service or diagnostics, either as a new or follow up patient. Capacity constraints can lead to delays in access/treatment. Our local provider (East Cheshire Trust) has experienced delays in treatment in some specialties both within Outpatients and for patients on an 18 week Referral to Treatment Pathway

Risk Rating	Risk Score History		Rationale Current Score
Likelihood x Impact - Score			
Initial	4	3	12
Current	4	3	12
Appetite			12
Date Added	06/11/2015		<div style="border: 1px solid black; padding: 5px;"> The number of patients waiting beyond 18 weeks for treatment at East Cheshire Trust is higher than planned levels. Some patients are waiting for outpatient consultations for periods longer than planned. </div>
Target Date			
Risk Closure			
Update Date	21/04/2016		
Update Status	Current		

Month	Score
Nov '15	16
Jan '16	16
Feb '16	16
Mar '16	12
Apr '16	12

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
The CCG uses the standard NHS contract and the quality metrics contained within it to “performance manage” any non delivery. This includes application of sanctions as appropriate. Monthly Performance meetings take place between the CCG and Provider(s). Bi-weekly operational meetings take place between ECT and CCG to look at waiting times and mitigating actions. Detailed reporting is provided on a weekly basis by East Cheshire Trust. CCG Quality and Performance Committee Monitors Performance at a CCG and Provider level.	CCG has undertaken AQP processes to procure additional capacity in a number of specialties; Ophthalmology, Elective Surgery, Gastroenterology. Redesign of access criteria in order to direct patients to appropriate services.

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
Both national and local performance data is available across all areas measuring a number of indicators at both provider, specialty, diagnostic or pathway level. Patient Survey and Complaints/Concerns Data is monitored.	The ability to move patients between providers is challenged in some specialties, due to a lack of capacity in the system overall. This means that extended waits still occur for patients beyond 18 weeks.

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
AQP for Community Ophthalmology	COMPLETE Procurement process complete now awarding contracts. 3 New Providers and 4 existing providers to deliver revised specification	S Larvin	01/12/2015	01/12/2015
Direct Access pathway for Colonoscopy	COMPLETE Progress has been slow due to difficulties gaining agreement to approach/responsibility from Consultant Team. Meeting arranged to progress.	J Curtis	01/01/2016	15/01/2016
AQP for Elective Care Services including Gastroenterology.	COMPLETE - Advert placed on Contracts Finder to allow additional providers to be identified.	L Davidson	01/01/2016	01/01/2016
Score reduced	COMPLETE Score reduced to 4 x 3 = 12	N Evans	08/03/2016	08/03/2016
Early diagnosis of cancer (date change 11/2/16)	Updated 20/04/2016 GM Network are undertaking capacity modelling for diagnostics and supporting secondary care cancer services, with full involvement from Eastern Cheshire	T Wright	31/03/2017	

20 GBAF 18	Objectives: Working Together		
	Risk Owner	Executive Lead	Responsible Committee
	Karen Burton	Neil Evans	Clinical Quality and Performance Committee

Emergency Ambulance Performance in Eastern Cheshire

NWAS are required to deliver the nationally set emergency response times on a regional North West footprint basis and are funded by the Northwest CCGs based on this requirement. This approach has led to a significant disparity in performance across the region, particularly for CCGs with rural communities situated around a number of small towns.

The CCG has received a number of complaints about longer than acceptable waiting times for emergency ambulance and poor RED 1 performance presents a risk to those with Emergency Life threatening emergencies requiring and ambulance response.

Risk Rating	Risk Score History			Rationale Current Score																										
Likelihood x Impact - Score																														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Initial</td> <td style="width: 10%;">4</td> <td style="width: 10%;">5</td> <td style="width: 10%; text-align: right;">20</td> </tr> <tr> <td>Current</td> <td>4</td> <td>5</td> <td style="text-align: right;">20</td> </tr> <tr> <td>Appetite</td> <td></td> <td></td> <td style="text-align: right;">12</td> </tr> </table>	Initial	4	5	20	Current	4	5	20	Appetite			12	<table style="display: none;"> <caption>Risk Score History Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Nov '15</td><td>20</td></tr> <tr><td>Dec '15</td><td>20</td></tr> <tr><td>Jan '16</td><td>20</td></tr> <tr><td>Feb '16</td><td>20</td></tr> <tr><td>Mar '16</td><td>20</td></tr> <tr><td>Apr '16</td><td>20</td></tr> </tbody> </table>			Month	Score	Nov '15	20	Dec '15	20	Jan '16	20	Feb '16	20	Mar '16	20	Apr '16	20	At a local CCG level, we are consistently failing to achieve the emergency red one and two ambulance response times, so the risks are current and the potential impact is high where there is no mitigation.
Initial	4	5	20																											
Current	4	5	20																											
Appetite			12																											
Month	Score																													
Nov '15	20																													
Dec '15	20																													
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Feb '16	20																													
Mar '16	20																													
Apr '16	20																													
Date Added	09/11/2015																													
Target Date																														
Risk Closure																														
Update Date	18/04/2016																													
Update Status	Current																													

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
<p>The CCG Chief Officer represents the area on the NWAS strategic partnership board and has been escalating national concerns over the disparity in performance. Following a deep dive event in July we have established a local improvement project to support the overall improvement of the red one and two emergency response times. The Service Improvement project group has met on two occasions and agreed an action plan that includes a range of short and longer term actions to support the delivery of the emergency response times locally. The group membership includes Paramedics, a lead GP Clinical lead, patient representative and CCG project/managerial support. An additional rapid response car has been agreed and is to be operational in the Congleton area in Dec 15.</p> <p>Completed Actions:</p> <ol style="list-style-type: none"> 1. Establish local improvement group – closed 19.08.15 2. Agree local Action Plan – closed 21.10.15 3. Develop systems to monitor key performance indicators for NWAS Red 1 & 2 performance – closed 	<p>A change in the contracting arrangements for 2016/17 is being progressed to reduce the inequality. The CCG has assigned additional resources in the form of project support, improvement project facilitation, patient representative input and GP clinical input</p>

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
<p>NWAS Red One and Two Ambulance performance remains high on the CCG agenda and is a key project with the 'Plan on a Page' Continuous Quality Improvement Programme (2015/16). The CCG has committed to improving the performance of NWAS pes (Paramedic Emergency Services). UPDATE 08/03/2016: Benchmarking has established that NWAS is the second best performing Ambulance Trust in England. However there is variation in performance across the NWAS CCGs and Eastern Cheshire CCG continues not to achieve the 75% target.</p>	<p>The Commissioning responsibility for this service sits with Blackpool CCG and the targets are measured on a regional footprint rather than local CCG performance. Ambulance emergency response times are measured on a regional basis and do not take account of local CCG variation/access times.</p>

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Manage Frequent Callers	Ongoing: Work with NWAS to tackle frequent callers	NWAS		
Implement performance monitoring	Ongoing: Work with CCG Analysts to implement process to monitor time & performance trajectory.	J Curtis		
Local Publicity Campaign	COMPLETE Undertake local publicity campaign to promote appropriate use of ambulance services. Dec 15 (CCG & Ambulance Service Communication Teams)	J Curtis	31/12/2015	31/12/2015
Additional Rapid Response Car	COMPLETE An additional rapid response car to be operational in Congleton area	NWAS	31/12/2015	31/12/2015
Benchmarking	COMPLETE Benchmarking is being undertaken to compare expenditure and performance levels in our peer CCGs, in order to inform future commissioning plans.	J Hawker	28/02/2016	08/03/2016
Source alternative capacity	COMPLETE: Look at the potential for private of voluntary sector to support capacity for green 1 & 2 in order to release capacity for NWAS Red 1 category	J Hawker	08/03/2016	08/03/2016

Contracting 16/17	COMPLETE Contract negotiations complete with improved performance part of the contract. J Hawker to highlight that the current contracting approach for the NWAS contract is disadvantaging a number of rural CCGs, which is leading to inequality in access	J Hawker	31/03/2016	31/03/2016
Liaise with Heart Failure Team and Respiratory Tea	COMPLETE Liaise with Heart Failure Team and Respiratory Team to discuss options around crisis planning and improving links with the ambulance service. April 16 (Matt Dunn and Julia Curtis)	J Curtis	30/04/2016	08/03/2016
Work with Care Homes	Work with NWAS and Care Homes to promote appropriate use of ambulance service requests. April 16 (NWAS - Carol Robinson)	J Curtis	30/04/2016	
Local recruitment Campaign for First responders	Undertake local recruitment campaign to attract additional 'First Responders' Jan 16 (Matt Dunn and Julia Curtis)	J Curtis	30/04/2016	
Contracting 16/17 CQIN	A new CQUIN will be introduced in 2016/17 specifically targeted at reducing the variation in Red 1 performance across the NW. This will benefit Eastern Cheshire CCG	J Hawker	30/06/2016	
Increase capacity between hours of 11am to 5p	Increase capacity between hours of 11am to 5pm using a range of measures such as finding alternative models for inter trust transfers and developing new workforce shift patterns Sept 16 (Julia Curtis)	J Curtis	30/09/2016	
Work with Fire Brigade	Work with Fire Brigade on proactive and rapid response models of care. Aug 2017 (NWAS Director of Ops)	NWAS	31/08/2017	
Implementation of mobile DOS	Consider implementation of mobile DOS. Aug 17 (NWAS)	NWAS	31/08/2017	
Build capacity short to long term	Undertake a range of short and longer term actions to build capacity – Aug 17	J Curtis	31/08/2017	

Improve information sharing	Improve front end sharing information, so that ambulance staff have timely access to Electronic Patient Records and care plans, enabling them to make the right treatment decisions.	NWAS	30/11/2017
Improve productivity and efficiency	Undertake range of short and longer term actions to improve productivity and efficiency - Nov 17	J Curtis	30/11/2017

20 GBAF 19	Objectives: Health Need Priorities		
	Risk Owner	Executive Lead	Responsible Committee
	Jacki Wilkes	Neil Evans	Clinical Quality and Performance Committee

Demand and Capacity Non Elective Care

Failure by the local health and Social Care economy to deliver consistently the 95% A&E 4 hour wait target and other patient experience measures for the financial year 2015/16. The risk is that the CCG will fail to deliver the constitutional standard for the statutory A&E targets, which would lead to a negative impact on patients and a potential reputational and financial risk to the CCG.

Risk Rating	Risk Score History	Rationale Current Score																						
Likelihood x Impact - Score																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Initial</td> <td style="width: 10%;">4</td> <td style="width: 10%;">4</td> <td style="width: 10%;">16</td> </tr> <tr> <td>Current</td> <td>5</td> <td>4</td> <td>20</td> </tr> <tr> <td>Appetite</td> <td></td> <td></td> <td>12</td> </tr> </table>	Initial	4	4	16	Current	5	4	20	Appetite			12	<table border="1" style="display: none;"> <caption>Risk Score History Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Nov '15</td> <td>20</td> </tr> <tr> <td>Jan '16</td> <td>16</td> </tr> <tr> <td>Feb '16</td> <td>16</td> </tr> <tr> <td>Mar '16</td> <td>20</td> </tr> </tbody> </table>	Month	Score	Nov '15	20	Jan '16	16	Feb '16	16	Mar '16	20	Eastern Cheshire Health Economy are currently unable to stabilise A&E performance and reduce the numbers of patients experiencing a Delayed Transfer of Care with marked variation in the system. Actions and controls are still being developed and agreed,
Initial	4	4	16																					
Current	5	4	20																					
Appetite			12																					
Month	Score																							
Nov '15	20																							
Jan '16	16																							
Feb '16	16																							
Mar '16	20																							
Date Added	10/11/2015																							
Target Date																								
Risk Closure																								
Update Date	09/03/2016																							
Update Status	Current																							

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
<p>Initiatives are in place to reduce A&E attendances and admissions and attendances and DTOC (Delayed transfers of Care). The Clinical Quality and Performance Committee received proposals for System Resilience Group annual funding in July 2015. The SRG have employed Utilisation Management team, (UM) part of the Greater Manchester Academic Health and Science Network to analyse system capability.</p> <p>A demand and capacity workshop took place 23/09/15 the SRG agreed that the high impact improvements detailed below should be addressed.</p> <ol style="list-style-type: none"> 1.Redesign pathways for managing respiratory conditions and frailty, to maximise proactive care and partnership working across primary, secondary and community, health and social care 2.Develop and commission a direct access assessment function to avoid hospital admission, using community support services (e.g. rapid access to support at home and care home beds). 3.discharge patients earlier in the day and during the weekend 	<p>“Snow White” Increase visibility across health & social care – Provider awareness of system pressures.</p> <p>Work has paused on the implementation of the short term assessment integrated response and recovery service (STAIRRS), due to ongoing discussion on the financial position across Eastern Cheshire. This situation needs to be resolved and the implementation of STAIRRS commenced from the 1st of April 2016. SRG will begin work on the 16/17 Capacity Improvement Plan. This will enable targeting of high impact changes for commissioning and provision. Continue to build and maintain positive working relationships to enable the influencing of partners. Identification of project managers to lead and implement high impact improvements within agreed timescales.</p>

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
<p>Whilst A&E performance has deteriorated over the Winter, other indicators are showing an improvement; Attendances / Admissions / length of Stay and Delayed Transfers of care are all down.</p> <ul style="list-style-type: none"> •Daily monitoring via "Snow Whit" supports regular whole system tele conference and planning. •Urgent Care dashboard reviewed at the Systems Resilience Group •Monthly SRG – Chaired by CCG Associate Director of Commissioning (Multi Agency Health, Social Care and Voluntary Sector) •SRG – Two work streams Performance & Improvement •Monthly DTOC Group to address performance issues (Health & Social Care) 	<p>We are not on track in meeting the trajectory set by the mitigation plans around A&E waits and DTOC Reliance on partner organisation to deliver actions and their part of the risk share.</p> <p>A&E performance is below 95% and improvement trajectory is proposed and agreed with NHS Improvement, but requires NHS England support.</p>

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Capacity Planning 3	UPDATED 19/04/2016 - STAIRRS currently under discussion ... target date TBC	J Wilkes		
DTOC Working Group	COMPLETE - DTOC (Delayed transfers of Care)The plans to reduce DTOC are being refreshed to focus on the current issues being observed	N Evans	30/11/2015	30/11/2015
Agree urgent actions	COMPLETE Agree urgent actions to be taken by the end of November 2015.	J Wilkes	30/11/2015	30/11/2015
Capacity Planning 2	COMPLETE Procurement of additional beds Intermediate Care and Support to Assess (Approved October Governing Body)	J Wilkes	01/12/2015	01/12/2015
Capacity Planning 1	COMPLETE Progress work on high impact improvements which focuses on high volume pathways respiratory and fragility) work scoped and completed by the 1st December	J Wilkes	01/12/2015	01/12/2015
Reduced Risk Score	COMPLETE - Risk score reduced	J Wilkes	20/01/2016	20/01/2016

GBAF 20

Objectives: Working Together

Risk Owner

Executive Lead

Responsible Committee

M Cunningham

J Hawker

Executive Committee

Delegated Commissioning of Primary Care (General Medical)

At the October 2015 Governing Body meeting it was agreed that the CCG should look to take on delegated commissioning arrangements for Primary (General Medical) Care Services (PGMCS) from 1 April 2016 (subject to receiving assurance from NHS England on caveats raised by the CCG within its application). The additional responsibilities of locally commissioning PGMCS exposes the CCG to a greater risk of and frequency of actual and perceived conflict of interests arising when PGMCS commissioning decisions are made. This may lead to reputational damage for the CCG with our practices, NHS England and key stakeholders, including staff and members of the public, as well as legal recourse. The specific risks are a) capacity and capability to adequately deliver the requirements of and legal duties associated with the delegated commissioning and performance monitoring of PGMCS and b) ensuring the CCG has sufficient governance arrangements in place to effectively undertake PGMCS commissioning responsibilities, providing assurance and transparency in decision making

Risk Rating	Risk Score History		Rationale Current Score
Likelihood x Impact - Score			
Initial	4	3	12
Current	4	3	12
Appetite			12
Date Added	19/11/2015		Key information still outstanding with regards day to day operational responsibilities and expectations for CCG, relationship with NHSE area team staff and working relationship
Target Date			
Risk Closure			
Update Date	21/04/2016		
Update Status	Current		

Month	Score
Nov '15	12
Dec '15	12
Jan '16	12
Feb '16	12
Mar '16	12
Apr '16	12

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
<p>Head of Corporate Services (HoCS) has been tasked with working with the Director of Commissioning (DOC) to identify resource requirements of undertaking commissioning of PGMCS under joint and delegated commissioning arrangements. HOCS working with NHSE Head of Primary Care and key staff to oversee transfer of knowledge and understanding of day to day responsibilities. HOCS and Accountable Officer (AO)/HoCS working with NHS England, and other CCGs, to investigate feasibility of shared resource for CCGs to enable access to necessary expertise to undertake commissioning of PGMCS.</p>	<p>Done: The CCG has identified where existing planned incoming new staff may have role/ contribution to the commissioning of PGMCS – such as finance manager - as well as specific Service Delivery Manager / Head of Primary Care Role, and Primary care Support Manager. A budget has been identified for some of the required posts within the existing running costs of the CCG, however additional investment will be required</p> <p>HOCS and AO continuing to work with Cheshire and Merseyside regional team of NHS England and primary care leads of neighbouring CCGs to understand existing roles and future resources required, and options available to develop a shared resource.</p> <p>Key CCG documentation amended to reflect management of COI best practice guidance</p> <p>Currently out to recruitment for Primary care Support manager. Finance manager role due to go</p>

out to recruitment.

To do: CCG needs to finalise job specifications for Service Delivery Manager / Head of Primary Care. Update paper going to the Governing Body regarding next steps for delegated commissioning and process for signing model of delegation agreement for NHS England.

Job specifications for CCG primary care staff finalised and recruitment process in progress.

Delegated Arrangement between CCG and NHSE approved by Governing body and submitted to NHSE.

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
<p>Resource identified and additional posts recruited. Assurance received by NHS England. CCG Governance documentation reflects guidance and best practice around management of COI, process to mitigate are observed within decision making committees and operational groups.</p>	<p>None identified</p>

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
NHSE assurance	COMPLETE - Seek assurance from NHSE around caveats raised by CCG with regards undertaking delegated arrangements	M Cunningham	31/12/2015	15/01/2016
Identify and agree local arrangements and timetable of transfer between NHS England North and the CCG with regards hand over of the operational day to day responsibilities required of undertaking delegated arrangements	COMPLETE Ensure the CCG is aware of and able to meet the requirements and expectations of delegated arrangements. Creation and attendance to a CCG/NHSE PGMC Transition Group to oversee transfer.	M Cunningham	31/03/2016	31/03/2016
Terms of Reference for Primary Care Committee to be written and approved by CCG Governing Body and NHS England	COMPLETE Ensure Terms of Reference reflects statutory guidance around membership and management of conflicts	M Cunningham	31/03/2016	31/03/2016
Develop job specifications for CCG Primary Care Lead and Primary Care Support Manager. Undergo recruitment	COMPLETE - All posts now out to recruitment. Develop role outlines for job matching, start recruitment process	M Cunningham	31/03/2016	01/03/2016
CCG Primary Care Operational Group	Ensure group membership established, operational and undertaking day to day oversight of CCG Primary care commissioning	M Cunningham	30/04/2016	

Start recruitment process

Undertake recruitment
process for Finance Manager

E Insley

30/09/2016

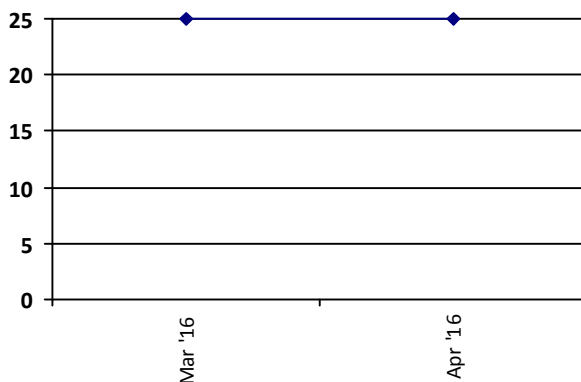
25 GBAF 22	Objectives: Investing Responsibly		
	Risk Owner	Executive Lead	Responsible Committee
	Elizabeth Insley	A Mitchell	Governing Body

NHS Eastern Cheshire CCG 2016/17 Planned Financial Deficit

The 2016/17 Financial Plan is predicting a deficit of circa £3.8m for the oncoming financial year and includes the requirement to deliver a challenging Quality, Innovation, Productivity & Prevention (QIPP) target of £9.7m. ECCCCG is currently in breach of its constitution by its expenditure exceeding its available income.

To reduce the deficit ECCCCG is preparing robust and extensive QIPP programme in order to reduce its costs by a minimum £9.7m although the longer term need to deliver a balanced budget and business rules will require a QIPP target between £16m - £24m. The outcome of which will need to be assessed and communicated appropriately although it is likely to have a significant impact on the services currently commissioned by ECCCCG.

Risk Rating		Risk Score History		Rationale Current Score
Likelihood x Impact - Score				
Initial	5	5	25	NHS Eastern Cheshire CCG 2016/17 Financial Planned deficit of £3.8m. Breaching ECCCCG Constitution (section5.3)
Current	5	5	25	
Appetite			12	
Date Added	18/03/2016			
Target Date				
Risk Closure				
Update Date	21/04/2016			
Update Status	Current			



Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
<p>2016/17 Financial Plan requires approval by Governing Body.</p> <p>QIPP plan is being developed to identify circa £9.7m worth of savings and is aimed to be completed by May 16.</p> <p>NHS England are engaged with ECCCCG around the financial position and receive detailed plans in line with the 2016/17 planning timetable. 2016/17 Financial Plan is reviewed by the Executive committee. External audit have also been engaged and will result in a section 19 referral to the Secretary of State for breaching our statutory responsibilities.</p>	<p>There has been a robust process in developing the 2016/17 Financial Plan which has been triangulated with previous trends, national guidance and discussion with key providers.</p> <p>QIPP schemes are currently being extended with early schemes developed with input from Health voice and includes the use of national available data i.e. Right care. The final deficit will need to be agreed with NHS England.</p> <p>The Caring Together Leadership Forum has requested that an option appraisal be submitted around the Caring Together future service model, alongside the most optimum delivery model for other services currently provided by East Cheshire Trust that operate under Payment by Results. NHS England are in constant dialogue with the Executive concerning the Financial Plan.</p>

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
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ECCCG 2016/17 Financial Deficit will remain on the Assurance Framework as a high risk with its financial performance being monitored throughout the oncoming year.

The QIPP schemes are finalised by May 2016 with reductions in expenditure delivered throughout 2016/17.

External Audit will review the financial position as part of the Section 19 Referral process.

QIPP schemes are currently in development and until finalised, it is unclear as to whether £9.7m of schemes can be identified.

The QIPP target for 2016/17 of £9.7m is a challenging target to deliver in year, given that some of the schemes will require the appropriate level of public engagement and consultation. This will inevitably result in some of the savings being phased to the end of the financial year.

Delivery of QIPP will require the ECCCG staffing resources to be aligned to QIPP delivery as well as securing specialist external advice as required i.e. procurement. This alignment has yet to be finalised.

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Approve "Draft 2016/17 Financial Plan	COMPLETE Governing Body approve current plan.	A Mitchell	30/03/2016	30/03/2016
1% Non Recurrent Headroom	COMPLETE Confirm with NHS England the treatment within the financial plan.	A Mitchell	11/04/2016	18/04/2016
Finalise Plan	COMPLETE Submit final 2016/17 Financial Plan to NHS England	A Mitchell	11/04/2016	18/04/2016
Approve 16/17 Financial Plan	Governing body to approve the plan	A Mitchell	27/04/2016	
QIPP Plan	Governing Body to approve full plan	A Mitchell	25/05/2016	
QIPP Resources	Clarify resources required to deliver QIPP	A Mitchell	25/05/2016	