

GOVERNING BODY MEETING **in Public**

29 March 2017

Agenda Item 2.2

Paper Title	Governing Body Assurance Framework
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Purpose of paper / report

The Assurance Framework is a summary of strategic risks that may have an impact on the achievement of corporate objectives. The purpose of the paper is to present those risks for review by the Governing Body and assure them that all risks are represented, suitable controls are in place and risks are recorded appropriately.

Outcome Required:	Approve	<input checked="" type="checkbox"/>	Ratify		Decide		Endorse		For information	
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Recommendation(s)

The Governing Body is asked to

- Approve and review the list of Strategic Risks for NHS Eastern Cheshire Clinical Commissioning Group (ECCCG) (**Appendix A**), noting the following:
 - GBAF 240 Caring Together Delivery Programme which has increased its score from 15 to 25.

Benefits / value to our population / communities

The Governing Body Assurance Framework is a mechanism to ensure that significant strategic risks to ECCCG are recognised and managed appropriately, thus minimising any impact to our population and communities.

Key Implications of this report – please indicate

Strategic	<input checked="" type="checkbox"/>	Consultation & Engagement	<input checked="" type="checkbox"/>
Financial	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Quality & Patient Experience	<input checked="" type="checkbox"/>	Legal / Regulatory	<input checked="" type="checkbox"/>
Staff / Workforce	<input checked="" type="checkbox"/>	Safeguarding	<input checked="" type="checkbox"/>

Governing Body Assurance Framework Risk Mitigation:

See Appendix A

Report Author	Contributors
<i>Alex Mitchell</i> Chief Finance Officer	<i>Michael Purdie</i> Corporate programmes and Governance Manager
Date of report	22 March 2017

Governing Body Assurance Framework

1. Executive Summary

- 1.1 The Governing Body Assurance Framework forms part of NHS Eastern Cheshire Clinical Commissioning Group's (ECCCCG's) risk management strategy and policy and is the framework for identification and management of strategic risks; both risks internal to ECCCCG and those in the wider system in which ECCCCG has a role.
- 1.2 The Assurance Framework is reviewed on a monthly basis by the Executive Committee, who finalise the list of strategic risks, confirm actions being undertaken and check assurances. These risks are then added to/amended on the Corporate Risk Log which contains all operational and strategic risks.

2. Significant Changes

- 2.1 The risks, as outlined in Appendix A, have now been updated and published in the current Assurance Framework.
- 2.2 Significant changes to risks are as follows:
- GBAF 240 Caring Together Delivery Programme, which has increased its score from 15 to 25 due to the deterioration in the ECCCCG 2017/18 financial position and uncertainty regarding the source and availability of external transformation funding.

3. New Risks for Consideration

- 3.1 There are no new risks for consideration this month.

4. Deep Dive

- 4.1 The deep dive for the month is: GBAF 244 Emergency Ambulance Performance in Eastern Cheshire.

5. Recommendations

- 5.1 The Governing Body is asked to:
- Review and approve the list of Strategic Risks for NHS Eastern Cheshire Clinical Commissioning Group (ECCCCG) (**Appendix A**).

6. Reasons for Recommendations

- 6.1 By reviewing the recommendations, the Governing Body will be approving updates to the Assurance Framework as described. This will ensure that the current risks and associated scores are reflected to provide a current overview of the key strategic risks for ECCCCG.

7. Peer Group Area / Town Area Affected

- 7.1 N/A

8. Population affected

8.1 N/A

9. Context

9.1 N/A

10. Finance

10.1 N/A

11. Quality and Patient Experience

11.1 N/A

12. Consultation and Engagement (Public/Patient/Carer/Clinical/Staff)

12.1 N/A

13. Health Inequalities

13.1 N/A

14. Equality

14.1 N/A

15. Legal

15.1 N/A

16. Communication

16.1 N/A

17. Background and Options

17.1 N/A

18. Access to further information

18.1 For further information relating to this report contact:

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Telephone	01625 663456
Email	Alex.mitchell@nhs.net

19. Glossary of Terms

ECCCCG	NHS Eastern Cheshire Clinical Commissioning Group
MIAA	Mersey Internal Audit Agency
QIPP	Quality, Innovation, Productivity & Prevention

20. Appendices

Appendices Table

Appendix A	Governing Body Assurance Framework		
Prior Committee Approval / Link to other Committees			
Reviewed by the Executive Committee			
CCG 5 Year Strategic Plan programme of work this report links to <input checked="" type="checkbox"/>			
Caring Together	<input checked="" type="checkbox"/>	Quality Improvement	<input checked="" type="checkbox"/>
Mental Health & Alcohol	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
CCG 5 Year Strategic Plan ambitions addressed by this report <input checked="" type="checkbox"/>			
Increase the number of our citizens having a positive experience of care	<input checked="" type="checkbox"/>	Increase the proportion of older people living independently at home and who feel supported to manage their condition	<input checked="" type="checkbox"/>
Reduce the inequalities in health and social care across Eastern Cheshire	<input checked="" type="checkbox"/>	Improve the health-related quality of life of our citizens with one or more long term conditions, including mental health conditions	<input checked="" type="checkbox"/>
Ensure our citizens access care to the highest standard and are protected from avoidable harm	<input checked="" type="checkbox"/>	Secure additional years of life for the citizens of Eastern Cheshire with treatable mental and physical health conditions	<input checked="" type="checkbox"/> v
Ensure that all those living in Eastern Cheshire should be supported by new, better integrated community services	<input checked="" type="checkbox"/>		
CCG Operational Plan 2016/17 programme of work this report links to <input checked="" type="checkbox"/>			
Quality, Innovation, Prevention & Productivity	<input checked="" type="checkbox"/>	Transformation across a wider geographic footprint	<input checked="" type="checkbox"/>
Transformation of Primary Care	<input checked="" type="checkbox"/>	Continuous Service Improvement	<input checked="" type="checkbox"/>
Commissioning an integrated care system	<input checked="" type="checkbox"/>	Systems resilience	<input checked="" type="checkbox"/>
CCG Values supported by this report – please indicate <input checked="" type="checkbox"/>			
Valuing People	<input checked="" type="checkbox"/>	Innovation	<input checked="" type="checkbox"/>
Working Together	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>
Investing Responsibly	<input checked="" type="checkbox"/>		
NHS Constitution Values supported by this report – please indicate <input checked="" type="checkbox"/>			
Working together for patients	<input checked="" type="checkbox"/>	Compassion	<input checked="" type="checkbox"/>
Respect and dignity	<input checked="" type="checkbox"/>	Improving lives	<input checked="" type="checkbox"/>
Commitment to quality of care	<input checked="" type="checkbox"/>	Everyone counts	<input checked="" type="checkbox"/>

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APPENDIX A Governing Body Assurance Framework
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Appendix One

Governing Body Assurance Framework

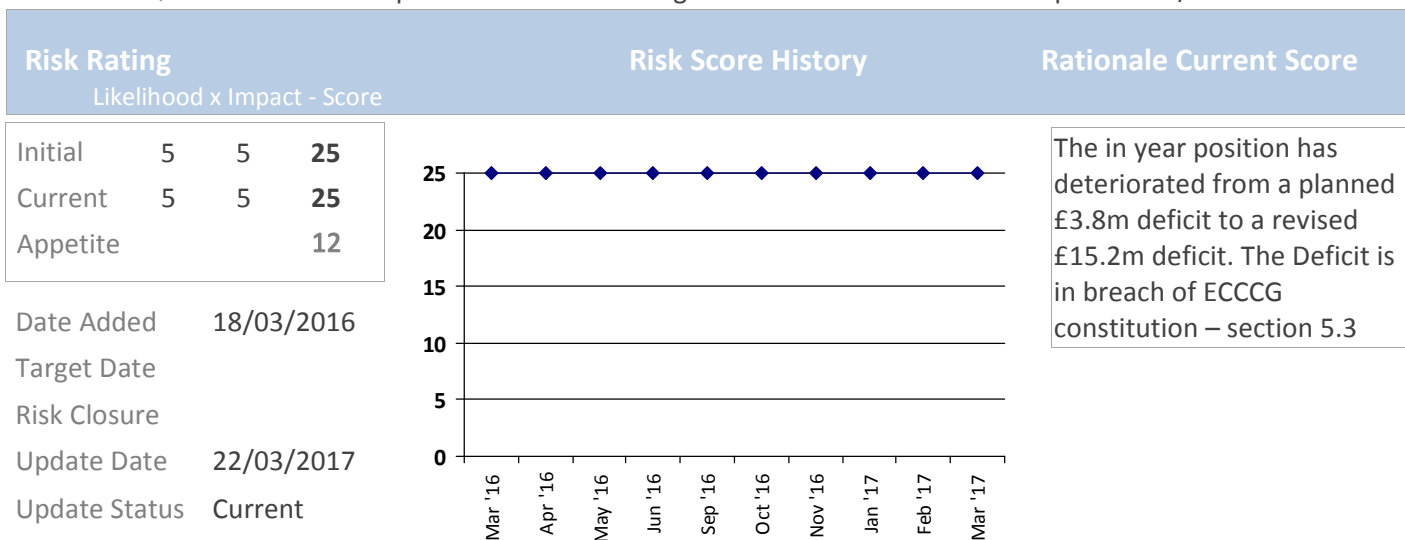
22 March 2017

GBAF No	Title	GB Review Date	Corporate Objectives	Score
Active Risks				
247	NHS Eastern Cheshire CCG 2016/17 Financial Deficit	26-Jul-17	Investing Responsibly	25
242	East Cheshire NHS Trust Underlying Financial Position	22-Feb-17	Investing Responsibly	25
245	Non Delivery of the NHS constitutional standard for A&E waiting time	31-May-17	Health Need Priorities	20
244	Emergency Ambulance Performance in Eastern Cheshire	29-Mar-17	Working Together	20
240	Caring Together Delivery Programme		Working Together	20
248	Mental Health Services Capacity - Children and Adolescents Mental Health (CAMHS)	29-Nov-17	Health Need Priorities	16
249	Sustainability of Community Services		Quality	15
243	Elective, Diagnostic and Outpatient Access to Services	28-Jun-17	Health Need Priorities	15
250	Mental Health Services Capacity- Increasing Access to Psychological Therapies (IAPT) in Adult Services		Health Need Priorities	12
239	Non-Delivery of the CCG Quality Premium Priorities	25-Oct-17	Quality	12
241	Stroke Compliance in Eastern Cheshire	26-Apr-17	Health Need Priorities	9
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="background-color: #28a745; color: white; padding: 5px;">Low to Medium Risk</div> <div style="background-color: #ffc107; color: white; padding: 5px;">High Risk</div> <div style="background-color: #dc3545; color: white; padding: 5px;">Very High Risk</div> </div>				

25 GBAF 247	Objectives: Investing Responsibly		
	Risk Owner	Executive Lead	Responsible Committee
	Neil Evans	Alex Mitchell	Governing Body

NHS Eastern Cheshire CCG 2016/17 Financial Deficit

The 2016/17 Financial Plan indicated a deficit of £3.8m for the year. The position has deteriorated in year due to significant in year changes arising from Funded Nursing Care, re-procurement of Stroke and the phasing (slippage) of QIPP schemes. The CCG is required to manage within its resources and as such has developed a QIPP plan which is aimed at achieving financial sustainability over a two period. It is acknowledged that the implementation of a number of QIPP schemes will impact on the current range of commissioned services as per the 16/17 contracts.



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 approved by Governing Body.</p> <p>QIPP plan has been approved by Governing Body and is being subject to a process of continual refinement to identify further savings. External audit have also been engaged and will result in a section 30 referral to the Secretary of State for breaching our statutory responsibilities, at some point in the year. I.e. September 2016. Finance Committee is monitoring the QIPP process in detail. NHS England are engaged with ECCCCG financial position via the Recovery Checkpoint Meetings. NHS England & ECCCCG agreed a revised 16/17 deficit of £15.2m during the Mth 9 reporting timetable.</p>	<p>Implemented a QIPP recovery process that is subject to external scrutiny from NHS England. Created a number of QIPP schemes that are being implemented across Cheshire and Wirral CCGs and future work is now being delivered collectively in order to share workload. Focusing internal resources to support the implementation of schemes. Recruited additional temporary support in line with findings arising from NHS England's Capacity and Capability review of ECCCCG. Engaging with key stakeholders around supporting the implementation of QIPP i.e. GPs. Undertaken NHS England Deep Dive process. Right Care and Better Care tools have been used to identify additional activities. NHS England Right Care partner assigned from NHS England from December 2016. 2017/18 Financial Plan being agreed with the Governing Body and NHS England</p>

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
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ECCCG financial position is stabilised in year. QIPP schemes are implemented taking full account of quality and equality impact assessments. QIPP schemes are supported by NHS England. No significant increase in complaints or adverse publicity associated with the implementation of QIPP schemes. ECCCG financial position stabilises.

Current range of identified (developed) QIPP schemes for 2016/17 and 2017/18 will not enable ECCCG to achieve financial balance. Some of the more contentious QIPP schemes require NHS England engagement / support before implementation. There is a risk that schemes won't be assessed as appropriate for implementation or delayed through this process. Capacity to deliver QIPP schemes whilst managing competing priorities. I.e. Operational issues, Systems Transformation Plans, Local Transformation Plans. etc.

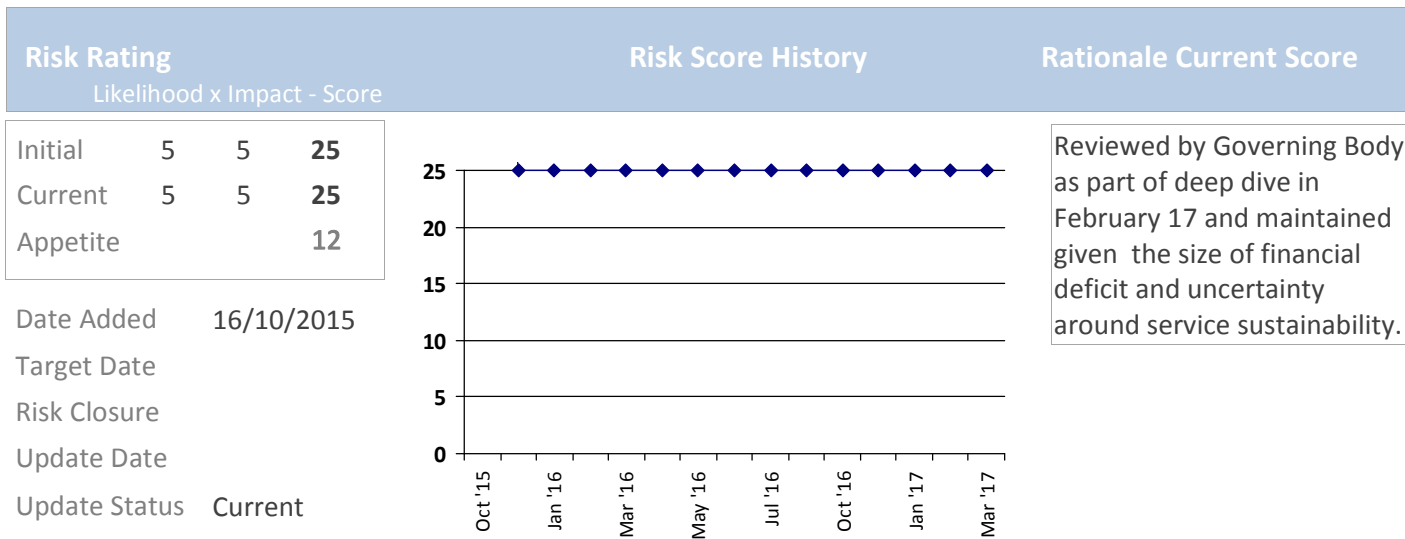
Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Additional QIPP to achieve Financial Balance	Identify remaining, more radical QIPP actions for GB and Regulators that would improve the 17/18 plan Identify remaining, more radical QIPP actions for the Governing Body & Regulators to consider that would improve ECCCG 2017/18 Financial Plan	N Evans	31/03/2017	
Implement QIPP programmes	Redirect the CCg resources to deliver the QIPP schemes.	N Evans	31/03/2017	
2017/18 Financial Plan	Agree a financial plan for 2017/18	A Mitchell	31/03/2017	
2017/18 QIPP	A final list of schemes to be approved by Governing Body in relation to the 17/18 Financial Plan	N Evans	31/03/2017	

25 GBAF 242	Objectives: Investing Responsibly		
	Risk Owner	Executive Lead	Responsible Committee
	A Mitchell	Alex Mitchell	Governing Body

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 recent transfer of Community Services for South & Vale Royal Commissioners has highlighted significant pressures both in term of future service sustainability and emerging financial shortfalls.



Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
Community services are reviewed as part of the contract monitoring process with the Trust that covers service sustainability, financial and quality issues. Any potential increase in complaints would be identified by our Complaints team and investigated accordingly.	Service development and improvement plans included within 2016/17 contract to identify service pressures and agreed joint mitigation actions. ECT is responding to a recent request to supply information following the loss of circa 60% of its Community Services to a new provider following a recent procurement process for the services commissioned by South Cheshire and Vale Royal CCGs. The response will include Quality Impact Assessments, Service sustainability, Financial implications etc.

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
All community services are reviewed to ensure the future delivery of services are maintained and are both clinically and financially sustainable. Utilising intelligence from service users and GP practices around the service provision. Development of community services reflects the Caring Together ambitions.	Current assessment of the Community Service provision, following the transfer re South Cheshire & Vale Royal CCG is due Mid September. Therefore, scale of challenge is not known until the information is provided. Short term actions undertaken by the Trust to deal with service pressures are taken without consultation with ECCCG or without a full understanding of the impact on the wider Health & Social Care system. Finalise the possible future

delivery models for Community Services in line with Caring Together. Implications will emerge as part of 17/18 contractual discussions.

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Position Statement	ECT to provide appropriate information on Service sustainability for all of Community Services	A Mitchell	31/05/2017	

20 GBAF 245	Objectives: Health Need Priorities		
	Risk Owner	Executive Lead	Responsible Committee
	K Burton	Jerry Hawker	Clinical Quality and Performance Committee

Non Delivery of the NHS constitutional standard for A&E waiting time

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 2016/17. 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 and the health economy.

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%; text-align: right;">16</td> </tr> <tr> <td>Current</td> <td>5</td> <td>4</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	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>16</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> <tr><td>May '16</td><td>20</td></tr> <tr><td>Jun '16</td><td>20</td></tr> <tr><td>Sep '16</td><td>20</td></tr> <tr><td>Oct '16</td><td>20</td></tr> <tr><td>Nov '16</td><td>20</td></tr> <tr><td>Jan '17</td><td>20</td></tr> <tr><td>Feb '17</td><td>20</td></tr> <tr><td>Mar '17</td><td>20</td></tr> </tbody> </table>	Month	Score	Nov '15	16	Jan '16	20	Feb '16	20	Mar '16	20	Apr '16	20	May '16	20	Jun '16	20	Sep '16	20	Oct '16	20	Nov '16	20	Jan '17	20	Feb '17	20	Mar '17	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																																							
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Mar '17	20																																									
Date Added 10/11/2015 Target Date Risk Closure Update Date 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 SRG agreed an improvement plan for 16/17</p> <p>Performance is reported monthly to SRG and externally to NHS EnglandThe local A&E Delivery Board has been established and will replace the existing SRG. They are required to develop improvement plans for:</p> <ul style="list-style-type: none"> •Streamlining flow at the front door – to ambulatory and primary care. •NHS 111 – increasing clinical call handler capacity in advance of winter. •Ambulances – DoD and code review pilots; HEE increasing workforce. •Improved flow – ‘must do’s that each Trust should implement to enhance patient flow. •Discharge – mandating ‘Discharge to Assess’ and ‘trusted assessor’ type models. 	<p>The new A&E Delivery Board has its inaugural meeting on 9 September. The outgoing SRG has made a number recommendations to the new Board including continued support of the 5 point improvement plan and retention of the SRG as the operational group. ‘Snow White’ provides system performance updates and forms the basis of local escalation during periods of high demandPlans for the continued funding of the frailty service have been agreed. This will be extended to 8-8 7 days per week. Initiatives to reduce DTOC include MDT assessments, increasing support for care packages and re-ablement (funded via and underspend on s256 if robust invest to save plans are produced by CEC)</p>

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
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Daily monitoring via "Snow White" supports regular whole system tele conference and planning. 5 Point plan has a suite of improvement measures which have been reported via the SRG. The A&E Board will determine the processes moving forward.

Following an initial improvement, A&E performances continues to be below the improvement trajectory agreed with NHSI/NHSE. DTOC Reliance on partner organisation to deliver actions and their part of the risk share.

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
ECT - A&E Rapid assessment & treatment	Rapid assessment & treatment (RAT model) shared assessment /streaming process between front door staff full implementation. - Assigned to S redfern	K Burton	31/03/2017	
SRG Priority - Liaison Psychaitry SRG Priority - Liaison Psychaitry	Liaison Psychaitry - Review of service within MDGH - assigned to Julia Cottier	E Leigh	31/03/2017	
SRG Priority - Workforce	To be reviewed in light of A&E Board...Agree & Implement Shared workforce strategy- assigned to Ann Riley SRG 5 Point Plan - Workforce - Agree & implement a shared workforce strategy	K Burton	31/03/2017	
Commissioning Frailty	Develop Geriatrician expertise in A&E & emergency portals. Update 17/1/17 Core service is now delivering, but service is not fully staffed or operation from 8 til 8.	J Williams	31/03/2017	

20 GBAF 244	Objectives: Working Together		
	Risk Owner	Executive Lead	Responsible Committee
	Karen Burton	Jerry Hawker	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. NWAS went to a recent East Cheshire Health Watch meeting to discuss the Overview & Scrutiny Committees Ambulance Review recommendations. NWAS have been tasked with looking at patient perceptions and patient satisfaction. One of the things that came out very clearly is around public perception and expectation. The complaints may be around 'longer than acceptable' waiting times, but are NWAS taking too long to respond or is this based on what the public believe is an acceptable waiting time? Hospital Turnaround times in the wider region factor heavily in NWAS's ability to respond and whilst it not an immediate issue at Macclesfield or Leighton, if there are significant delays at Wythenshawe UTH, Countess Of Chester Hospital or in the hospitals Greater Manchester, particularly if NWAS are undertaking more and more transfers in that area, then their ability to respond is hindered significantly. It's not such a visible issue in East Cheshire, but it is a significant issue in many other areas and factors heavily in what were SRG discussions. NWAS are trying to engage and undertake lots of work to improve turnaround times, including working in developing a concordat agreement. It is widely recognised within NWAS that handover delays are massively impacting on operational responding capabilities.

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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>The CCG Chief Officer represents the area on the NWAS strategic partnership board and has been escalating national concerns over the disparity in performance. The new A&E delivery Boards will oversee improvement programmes for Ambulance performance and have a mandate to improve the triage of red 2 calls to ensure the ambulance response meets the needs of people. There is also work planned in relation to NHS pathways which is the clinical algorithm system used to determine the end disposition. Both these initiatives should lead to an</p>	<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. Improvement plan priorities are inter hospital transfers (potential to ring fence vehicle) and expanding the community defibrillator programme. Discussions are underway with Cheshire Fire and rescue as an additional resource for first response</p>

improvement in ambulance response times for Red 1&2. Following a CCG deep dive event in July 2015 and a more recent external review by Cheshire East Scrutiny Committee with 19 recommendations for improvement the existing plan will need to be updated and overseen by a project group to support the overall improvement of the red one and two emergency response times.

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 (2016/17). The CCG has committed to improving the performance of NWAS pes (Paramedic Emergency Services). 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
Local recruitment Campaign for First responders	increased the numbers of Responders for the Knutsford team by 11, but still looking for more	K Burton	31/07/2017	
Manage Frequent Callers	Ongoing: Work with NWAS to tackle frequent callers	K Burton	31/07/2017	
Build capacity short to long term	Undertake a range of short and longer term actions to build capacity – Aug 17	K Burton	31/08/2017	
Implementation of mobile DOS	Local project group to be established December 2016	K Burton	30/09/2017	
Work with Fire Brigade	Work with Fire Brigade on proactive and rapid response models of care. Aug 2017 (NWAS Director of Ops)	K Burton	30/09/2017	
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.	K Burton	30/11/2017	

GBAF 240

Objectives: Working Together

Risk Owner

Executive Lead

Responsible Committee

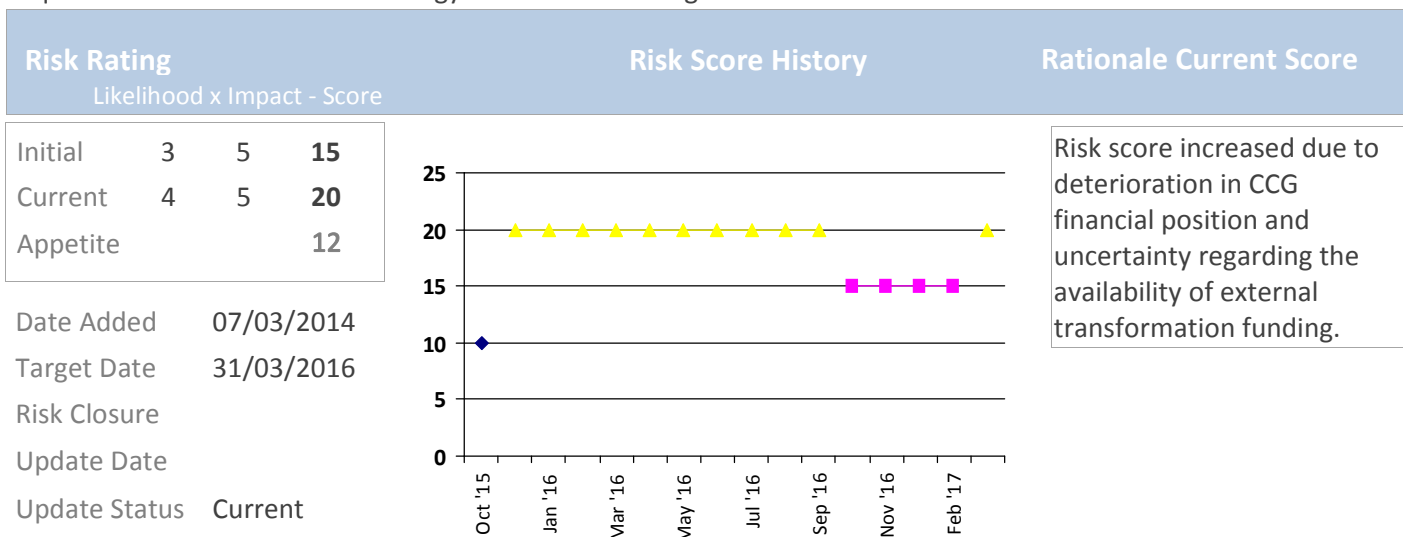
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Governing Body

Caring Together Delivery Programme

Without sufficient transformation funding the CCG will be unable to transform local services at the pace and scale required to achieve the CCGs strategy in full within the agreed timescales.



Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
Robust programme governance arrangements in place. A third meeting with system regulators is planned for April 2017.	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. Integrated Community teams are being implemented within the limitations of existing resources. Caring Together Programme Board Meeting with NHSI and NHSE April 2017.
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 as required.	Agreement on next steps with system leaders and system regulators.

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Financial modelling	Financial modelling of whole system solution.	F Blakeman	31/01/2017	10/02/2017
Meeting with regulators	Service options to be presented to regulators in February 2017	F Blakeman	28/02/2017	28/02/2017

GBAF 248 <small>16</small>	Objectives: Health Need Priorities		
	Risk Owner	Executive Lead	Responsible Committee
	Emma Leigh	Neil Evans	Clinical Quality and Performance Committee

Mental Health Services Capacity - Children and Adolescents Mental Health (CAMHS)

Currently the demand on Children’s mental health services in Eastern Cheshire remains high. The risk is that capacity available is insufficient to meet demand resulting in poor outcomes health and well for children and Young people and for some children an on-going risk of serious self harm

Risk Rating	Risk Score History			Rationale Current Score
Likelihood x Impact - Score				
Initial	4	4	16	Demand for children's mental health services remains high. Non recurrent funding from NHS England has been agreed to fund specific waiting list/time reduction initiatives.
Current	4	4	16	
Appetite			12	
Date Added	09/09/2016			
Target Date				
Risk Closure				
Update Date				
Update Status	Current			

Month	Score
Sep '16	16
Oct '16	16
Nov '16	16
Jan '17	16
Feb '17	16
Mar '17	16

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
Investment in services (15/16) No reduction in funding (16/17)and non recurrent NHS England funding of waiting list initiatives in Q4 2016-17Waiting List is monitored to assess waiting times	Continue to redesign services based on the ‘thrive’ model which supports lifelong strategies for health and well beingWork with commissioning partners to integrate commissioning of services Work with all providers including the voluntary sector to maximise return on investment. Following investment in services the neuro -developmental pathway implementation is on track to reduce waiting times to 12 weeks by April 2017 with significant reductions in current waiting times. The local transformation plan for children’s mental health including eating disorders and associated funding is in place

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
Monthly monitoring of waiting times	Sustained increase in demand for services against predicted need based on peer benchmarking.

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
New model of care CAMHS 0-16 THRIVE Pathway	Implementing transforming Childrens mental health. Present commissioning intentions for 2017/18	E Leigh	31/03/2017	
New model of care - neuro-developmental pathway	Complete collaborative project with Oxford University. Present commissioning intentions for 2017/18	L Kirsteen	31/03/2017	
Waiting Times	Monthly Monitoring	L Davidson	31/03/2017	

GBAF 249	Objectives: Quality		
	Risk Owner	Executive Lead	Responsible Committee
	J Curtis	Sally Rogers	Clinical Quality and Performance Committee

Sustainability of Community Services

During 2016, the community contract ECT had in place with South Cheshire discontinued leaving an approx. 60% loss in contract income and staffing. Concerns were raised in regard to the sustainability of the residual service and ability of ECT to provide the service within the previously agreed financial framework.

Risk Rating <small>Likelihood x Impact - Score</small>	Risk Score History	Rationale Current Score																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Initial</td> <td style="text-align: center;">3</td> <td style="text-align: center;">5</td> <td style="text-align: center;">15</td> </tr> <tr> <td>Current</td> <td style="text-align: center;">3</td> <td style="text-align: center;">5</td> <td style="text-align: center;">15</td> </tr> <tr> <td>Appetite</td> <td></td> <td></td> <td style="text-align: center;">12</td> </tr> </table> <p>Date Added 21/09/2016</p> <p>Target Date</p> <p>Risk Closure</p> <p>Update Date</p> <p>Update Status Current</p>	Initial	3	5	15	Current	3	5	15	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>Sep '16</td><td>15</td></tr> <tr><td>Oct '16</td><td>15</td></tr> <tr><td>Nov '16</td><td>15</td></tr> <tr><td>Jan '17</td><td>15</td></tr> <tr><td>Feb '17</td><td>15</td></tr> <tr><td>Mar '17</td><td>15</td></tr> </tbody> </table>	Month	Score	Sep '16	15	Oct '16	15	Nov '16	15	Jan '17	15	Feb '17	15	Mar '17	15	<div style="border: 1px solid #ccc; padding: 5px;"> <p>Commissioning services on a larger footprint can deliver economies of scale. However when services are split there is a risk of fragmentation that can leave residual services potentially unsustainable.</p> </div>
Initial	3	5	15																									
Current	3	5	15																									
Appetite			12																									
Month	Score																											
Sep '16	15																											
Oct '16	15																											
Nov '16	15																											
Jan '17	15																											
Feb '17	15																											
Mar '17	15																											

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
<p>The CCG is monitoring the service provision through the following:</p> <ul style="list-style-type: none"> •Clinical Quality and Performance (CQ&P) committee meetings •ECCCG-ECT Provider Quality & Performance Meeting •Serious Untoward Incident (SUI) & Complaints meetings •Quality Operational Performance Group (QUAG) meeting <p>•Monthly contracting meetings</p> <ul style="list-style-type: none"> •Safeguarding meetings •Quarterly Regional Quality surveillance Group (QSG) <p>The CCG have also commenced a programme of Quality Assurance visits at ECT and this includes the community arm.</p>	<p>The risk was highlighted to NHSE/NHSI. The Directors of Finance and Quality have met with ECT Finance and Director of Nursing and reviewed the associated risk and clarified actions. The Director of Quality formally wrote to the Director of Nursing and requested further information i.e. documents outlining current and future cost, capacity, risks, mitigations, business continuity and historical activity data in relation to community services. We have subsequently worked closely with NHSI/CQC to ensure we have the information that is required to inform commissioning intentions for community services as a priority. The Risks were discussed at Executive CCG Meeting 01/08/16 and a Director assigned . Furthermore Community Risk was also agreed as an agenda item for Governing Body in camera on the 28th September 2016. Following instruction from NHS England the CCG agreed an uplift payment to ECT.</p>

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
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Service provision quality will continue to be monitored via the Joint ECT/CCG Quality, Performance and ECT SQS meetings. This includes a focus on monitoring of vacancies, training uptake etc. via associated risk tool. The quality team will also triangulate intelligence via feedback from the quality assurance visits, the complaints processes, SUI reviews, patient feedback and intelligence from primary care. More in depth discussion and focus specific to community services.

The Five Year Forward View outlines the challenges faced by the health and social care system in response to an ageing population with increasingly complex and multifaceted health and wellbeing issues. Healthcare provision needs to respond to these challenges by improving productivity whilst reducing or stabilising healthcare costs; providing care closer to the person's home and reducing episodes of unplanned health care. There is a need to develop a cost effective and sustainable community nursing service whilst maintaining and improving high quality care. The local community workforce currently faces pressure within the areas - Skills & competence, Leadership, Age profile (high numbers locally expected to retire in next 5? years), Recruitment, retention, vacancy rates ,education and training, Service user expectations Performance management rural Geography, Technology, increasing Demand, Complexity, dependency and acuity. The CCG also recognises that the above pressures are significant in smaller teams and following the recent split in service provision does not feel assured and has concerns that this may negatively impact on quality of care. We therefore need to agree an urgent review of current community based services.

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Quality Impact Assessments	Follow up QIA request from September 2016 when it was produced.	S Rogers	28/11/2016	28/11/2016
17/18 Contracting Principals	Agree approach for Community Services as per commissioning intentions	A Mitchell	23/12/2016	09/01/2017
Contract Monitoring	Monitor ongoing Community Services performance through ECT monthly report	J Curtis	31/03/2017	
Quality Assurance Visits	Regular quality assurance visits	J Curtis	28/04/2017	
Quality Assurance Monitoring	Joint ECT/CCG Quality, Performance and ECT SQS Meetings. In particular this includes monitoring of vacancies, training uptake etc. via associated risk tool...	J Curtis	29/09/2017	

15 GBAF 243	Objectives: Health Need Priorities		
	Risk Owner	Executive Lead	Responsible Committee
	Julia Curtis	Sally Rogers	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.

Risk Rating <small>Likelihood x Impact - Score</small>	Risk Score History	Rationale Current Score												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Initial</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">12</td> </tr> <tr> <td>Current</td> <td style="text-align: center;">5</td> <td style="text-align: center;">3</td> <td style="text-align: center;">15</td> </tr> <tr> <td>Appetite</td> <td></td> <td></td> <td style="text-align: center;">12</td> </tr> </table> <p>Date Added 06/11/2015</p> <p>Target Date</p> <p>Risk Closure</p> <p>Update Date</p> <p>Update Status Current</p>	Initial	4	3	12	Current	5	3	15	Appetite			12		<p>There are currently a number of challenges within the health economy in regards to capacity, flow and affordability. These challenges are having a subsequent impact on achievement of the access targets.</p>
Initial	4	3	12											
Current	5	3	15											
Appetite			12											

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
<p>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 the Main Provider and the CCG to look at waiting times and mitigating actions. Detailed reporting is provided on a weekly basis by the Main Provider. CCG Quality and Performance Committee Monitors Performance at a CCG and Provider level as does the internal Finance and Performance Group and Quality Operational Performance Group (QuAG) group.</p>	<p>The CCG has undertaken AQP processes to procure additional capacity. The Main Provider has been undertaking additional waiting list initiative work. Clear plans are in place to bring performance back in line. The CCG is also supporting the hospital trust to move some activity to provider providers, following the offer of additional funding via NHS England.</p>

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
<p>Both national and local performance data is available across all areas measuring a number of indicators within providers, by specialty, diagnostics or pathway levels. The CCG also monitors patient survey results, complaints/concerns data, serious incidents and this includes analysis of patients waiting long waits for treatment.</p>	<p>The ability to move patients between providers is challenged in some specialities due to a lack of capacity in the system overall. Patients can also be reluctant to use alternative providers of services which can exacerbate waiting times at our Main Provider and not utilise potential capacity within our smaller provider contracts</p>

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Transferring activity across 3 specialities	Transferring activity across 3 specialities; Orthopaedics, ToO, Ophthalmology breaches to independent sector providers.	J Curtis	31/03/2017	
Partnership monitoring of ECT performance	The CCG, NHSI and CQC will meet to develop a monitoring plan for future performance	J Curtis	31/03/2017	
Monitoring of RTT levels within ECT	NHS improvement and the trust are looking to improve management of referral processes to minimise delays	S Rogers	31/03/2017	
Delivery of Elective Care	The CCG representative sits on the Providers Patient Access Meeting on fortnightly basis and is actively involved in the operational discussions around both the new and follow up backlogs. The main areas of concern are, Ophthalmology, ENT, T&O, Urology	J Curtis	31/03/2017	
Monitoring of "elective" capacity and performance	Reports are provided to the Clinical Quality and Performance Committee showing performance of providers and developing mitigating actions	J Curtis	31/03/2017	
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	

GBAF 250	Objectives: Health Need Priorities		
	Risk Owner	Executive Lead	Responsible Committee
	E Leigh	Neil Evans	Clinical Quality and Performance Committee

Mental Health Services Capacity- Increasing Access to Psychological Therapies (IAPT) in Adult Services

Currently the demand for adult primary mental health services through IAPT in Eastern Cheshire remains high. The risk is that capacity available is insufficient to meet demand resulting in poor outcomes in health and wellbeing for adults, and for some an on-going risk of serious self-harm

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%;">5</td> <td style="width: 10%;">4</td> <td style="width: 10%;">20</td> </tr> <tr> <td>Current</td> <td>3</td> <td>4</td> <td>12</td> </tr> <tr> <td>Appetite</td> <td></td> <td></td> <td>12</td> </tr> </table>	Initial	5	4	20	Current	3	4	12	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>Sep '16</td><td>20</td></tr> <tr><td>Oct '16</td><td>12</td></tr> <tr><td>Nov '16</td><td>12</td></tr> <tr><td>Jan '17</td><td>12</td></tr> <tr><td>Feb '17</td><td>12</td></tr> <tr><td>Mar '17</td><td>12</td></tr> </tbody> </table>	Month	Score	Sep '16	20	Oct '16	12	Nov '16	12	Jan '17	12	Feb '17	12	Mar '17	12	<p>Following investment in services IAPT services have shown a marked improvement in waiting times and are on track to deliver national performance standards by October 2016</p>
Initial	5	4	20																									
Current	3	4	12																									
Appetite			12																									
Month	Score																											
Sep '16	20																											
Oct '16	12																											
Nov '16	12																											
Jan '17	12																											
Feb '17	12																											
Mar '17	12																											
Date Added	14/09/2016																											
Target Date																												
Risk Closure																												
Update Date																												
Update Status	Current																											

Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
Investment was made in services (15/16) to reduce waiting times.No reduction in funding (16/17)Re-procurement of primary mental health due to be complete Feb 2017	IAPT services have been successfully re-procured using a new service specification.Key Performance Indicators have been developed to monitor the success of the new service.

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
Moving into the mobilisation phase of transferring services from one provider to another. Close working relationship has been developed between outgoing provider (CWP) and new providers (Big Life Group and Peaks and Plains) to assure CCG of managed handover.Activity and outcomes are being monitored through contracting team.	Sustained increase in demand for services against prediction.

Risk Actions

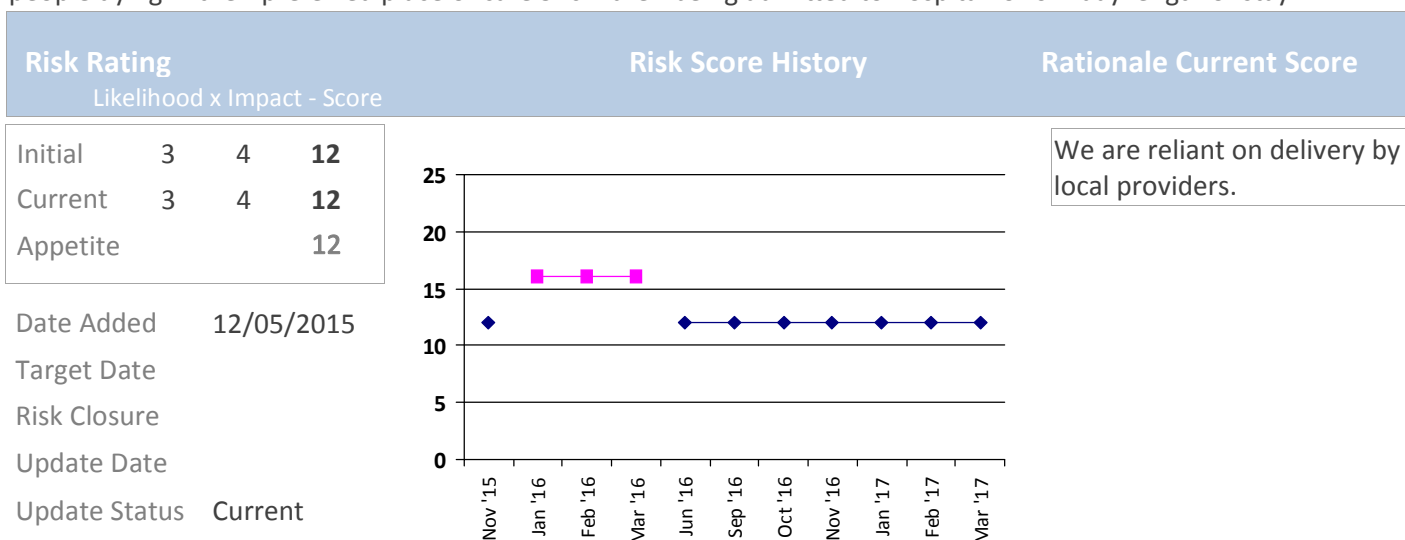
Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
TUPE of staff to new provider	Identify any areas of concern and seek mitigating actions	E Leigh	01/02/2017	05/01/2017
New contract for primary mental health goes live	Agree contract with new providers and implementation plan	S Williams	31/03/2017	
Waiting Times	Monthly Monitoring	S Williams	31/03/2017	

GBAF 239	Objectives: Quality		
	Risk Owner	Executive Lead	Responsible Committee
	Julia Curtis	Sally Rogers	Clinical Quality and Performance Committee

Non-Delivery of the CCG Quality Premium Priorities

There is a total financial risk of £1,031,885.00 to the CCG if we do not deliver the Quality Premium Priorities. However achievement is intrinsically linked to delivery by provider organisations.

The Quality Premium (QP) priorities include the following: 1. cancers diagnosed at early stage 2. increase in the proportion of GP referrals made by e-referrals 3. overall experience of making a GP appointment 4. antimicrobial resistance (AMR) improving antibiotic prescribing in primary care 5. reduction in the number of antibiotics prescribed in primary care 6. reduction in the proportion of broad spectrum antibiotics prescribed in primary care 7. mental Health - access to IAPT services: people entering IAPT services as a % of those estimated to have anxiety/depression 8. increase the proportion of people dying in their preferred place of care 9. children being admitted to hospital for 0-1 day length of stay.



Current Controls (What are we currently doing about the risk?)	Mitigation Action (What have we done/what more can we do)
We have developed robust implementation plans for our priority areas and are holding providers to account where required.	Development of plans around delivery of our quality priorities (quality premium measures), have been completed. Work is planned around the health economy, including GP practices and the Trust, to maximise delivery of QP measures for quarterly referral and GP access measures.

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
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 quarter and request mitigating actions put in place where performance is "off track" plus provide assistance and proactive and practical help to tackle issues with measures. The CCG has a good transparent relationship with its Main Provider and is	Business cases will be required to invest in some of the areas in the plan. Some measures are dependent on Provider performance and application of the contract levers does not quickly deliver performance improvement. The CCGs main provider is subject to many forms of improvement plans due to the outturn of their monthly performance not being to target. Lack of community domiciliary care home provision is contributing to East Cheshire

therefore able to access routine data on a timely basis. Although unpublished, this can act as an early warning system where declining performance is often identified.

Trust's difficulties around A&E target achievement.

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Update	Update of the Risk Descriptors	C Goodwin	30/10/2016	29/10/2016
Monitoring ECT Services 2	Also monitored through the Finance & Performance Committee monthly meetings and supporting information	J Curtis	31/03/2017	
Monitoring of ECT services	Quarterly monitoring through Quality and Performance Committee as well as reports and contract meetings identify any areas of concern and seek mitigating actions	J Curtis	31/03/2017	

GBAF 241	Objectives: Health Need Priorities		
	Risk Owner	Executive Lead	Responsible Committee
	N Evans	Neil Evans	Clinical Quality and Performance Committee

Stroke Compliance in Eastern Cheshire

Historically East Cheshire Trust were not achieving a number of national quality measures. The local population does not have access to sufficient community rehabilitation nor an Early Supported Discharge service. In 2014 we transferred hyper-acute stroke services to the specialist centres in Greater Manchester and Stoke. Subsequently in October 2016 inpatient acute stroke services transferred to Stockport and Stoke. The remaining gap in service provision is the lack of an Early Supported Discharge and Community Rehabilitation Service. Work is taking place with our two acute stroke providers to develop this service.

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%;">5</td> <td style="width: 10%;">3</td> <td style="width: 10%; text-align: right;">15</td> </tr> <tr> <td>Current</td> <td>3</td> <td>3</td> <td style="text-align: right;">9</td> </tr> <tr> <td>Appetite</td> <td></td> <td></td> <td style="text-align: right;">12</td> </tr> </table>	Initial	5	3	15	Current	3	3	9	Appetite			12	<table border="1" style="display: none;"> <caption>Risk Score History Data</caption> <thead> <tr> <th>Date</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Nov '15</td><td>15</td></tr> <tr><td>Jan '16</td><td>15</td></tr> <tr><td>Feb '16</td><td>15</td></tr> <tr><td>Mar '16</td><td>15</td></tr> <tr><td>Apr '16</td><td>15</td></tr> <tr><td>May '16</td><td>15</td></tr> <tr><td>Jun '16</td><td>15</td></tr> <tr><td>Sep '16</td><td>15</td></tr> <tr><td>Oct '16</td><td>15</td></tr> <tr><td>Nov '16</td><td>9</td></tr> <tr><td>Jan '17</td><td>9</td></tr> <tr><td>Mar '17</td><td>9</td></tr> </tbody> </table>	Date	Score	Nov '15	15	Jan '16	15	Feb '16	15	Mar '16	15	Apr '16	15	May '16	15	Jun '16	15	Sep '16	15	Oct '16	15	Nov '16	9	Jan '17	9	Mar '17	9	<p>The original risk was based on considerable concerns at both a local and national level in relation to ECT's ability to deliver compliance in a timely manner. Subsequently inpatient stroke services have transferred to stroke centres in Greater Manchester</p>
Initial	5	3	15																																					
Current	3	3	9																																					
Appetite			12																																					
Date	Score																																							
Nov '15	15																																							
Jan '16	15																																							
Feb '16	15																																							
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Jan '17	9																																							
Mar '17	9																																							
Date Added	13/07/2015																																							
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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)
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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 providers being held to account for the measures under their control through the NHS Standard Contract process. The Operational Delivery Network for Stroke (Greater Manchester) continue to work with the CCG and providers to support this area. Contract monitoring is assessing actual levels of patients utilising inpatient facilities.

Following work with our clinical networks and the national Clinical Director for Stroke improvement opportunities were discussed and prioritised. Whilst many of these have now been implemented 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. In 2014 Hyper Acute stroke care transferred to specialist centres and from October 2016 all inpatient care also transferred to Stockport and Stoke. 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 requirement. A joint approach has been undertaken with Stockport FT, CCG and the Stroke Network to develop shared specifications and implementation plans. Meeting arranged with Stroke Association to review the specification we hold for their community service. NHS England and NHS Improvement are being engaged to broker a solution to the disparity in funding and activity of the

inpatient service at Stockport.

Assurances (How do we know if things are having a positive effect?)	Gaps In Control
<p>National stroke indicators are being monitored to identify improvements/deterioration in performance whilst mitigating actions are implemented. Activity monitoring taking place to assess the volumes and impact on patients in terms of admissions and length of stay for those who either suffer a stroke or "stroke mimic". Where a stroke mimic patients should have an early transfer back to East Cheshire Trust.</p>	<p>The remaining area requiring completion is development of a business case for Stroke Early Supported Discharge and Community Rehabilitation. Without this service patients will spend an unnecessarily length of time in an acute hospital and their rehabilitation opportunity may be impacted. NHS England and NHS Improvement have both indicated that the requirements of Stockport FT to fund at well over national / Greater Manchester tariff is not reasonable and should be challenged. The CCG has notified Stockport FT of this and due to their financial position is likely to lead to arbitration being required.</p>

Risk Actions

Risk Action Title	Risk Action Description	Owners	Target Date	Closed Date
Complete Negotiations for ESD/Community Rehab	A locally refined version of the GM specification is being implemented. The two providers are currently costing and developing an implementation plan.	N Evans	31/03/2017	
CCG Business Case for Community Rehab and Stroke...	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, Stockport FT and Stockport CCG	N Evans	31/03/2017	
Agree Stroke Tariff 2018/19	In line with the 2017/18 contract, the 2018/19 activity based tariff for Stroke has to be agreed	A Mitchell	30/09/2017	