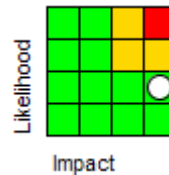


## Appendix 2 Adults Commissioning Committee - Programme Risk Register - All Risks

Generated on: 26 April 2022

CCGPR.008 ICS Transformation Plans						
If the ICS fails to deliver its transformation plans we may not realise the expected benefits including financial sustainability.				<b>Risk Owner / Updater</b>	Tori Quinn	
				<b>Risk Sponsor</b>	Harry Golby; Karen Proctor	
				<b>Governance Group</b>	ICJC	
<b>Existing Controls</b>	Partnership governance structure established to develop and monitor all transformation delivery plans including finance, quality and safety. Service and Finance Plan agreed, Investment Agreement with GM Health and Social Care Partnership in place with associated reporting process. Dashboard providing progress with main outcome measures in place, Business case approval process operational including a cost benefit analysis Formative evaluation framework agreed					
<b>Assurances</b>	Salford Together Programme is partnership and is evidence informed and includes learning from older persons programme and knowledge capture. Modelling of savings / cost benefit analysis has informed interventions / workstreams and estimates of impact.					
<b>Assurance Level</b>	① Level 1 - Departmental assessment (internal)					
<b>Gaps</b>	Delays to implementation of workstreams. The plans are unlikely to impact on the residential care admissions target. The link between the Locality Plan and Locality Plan governance is forming and change to the management of Domain one (prevention and self-care) is in development.					
<b>Original Risk</b>	<b>8</b>	<b>Current Risk</b>	<b>8</b>	<b>Target Risk</b>	<b>4</b>	<input checked="" type="checkbox"/> <b>Treat (Plan in place)</b>
						Commencing delivery of new workstreams with prioritisation of by domain groups, including high impact and quick impact.
High Impact	4	High Impact	4	High Impact	4	<b>Latest Update:</b> 04 Apr 2022 <b>Next Assessment Due:</b> 06-Jun-2022
Unlikely	2	Unlikely	2	Very Unlikely	1	No updates to report
<b>Risk Identified</b>	27-Nov-2017	<b>Risk Assessed</b>	04-Apr-2022	<b>Target Date</b>	31-Mar-2022	

**Risk Movement since last assessment**

Constant

**Risk History**



## CCGPR.009 ICO Contracted Obligations

If the ICO fails to deliver its contracted obligations we may not see the expected outcomes for the Salford population.		<b>Risk Owner / Updater</b>	Tori Quinn			
		<b>Risk Sponsor</b>	Harry Golby; Karen Proctor			
		<b>Governance Group</b>	ICJC			
<b>Existing Controls</b>	Contract and service spec in place, CCG Contracting and Finance governance established. Internal ICO governance structure in place, ICO part of SRFT Better Care Lower Cost programme.					
<b>Assurances</b>	The establishment of an ICO is evidence informed and supported as a new model of care. The contribution of the ICO to the achievement of Integrated Care outcomes is outlined in Service and Financial Plan (SAFP) and Locality Plan, with provider efficiency targets detailed.					
<b>Assurance Level</b>	① Level 1 - Departmental assessment (internal)					
<b>Gaps</b>	Transformational programmes involving ICO is outlined in the SAFP. Now requires progression of implementation / reporting.					
<b>Original Risk</b>	<b>8</b>	<b>Current Risk</b>	<b>8</b>	<b>Target Risk</b>	<b>8</b> <input checked="" type="checkbox"/> <b>Treat (Plan in place)</b>	
<p>Likelihood</p> <p>Impact</p>		<p>Likelihood</p> <p>Impact</p>		<p>Likelihood</p> <p>Impact</p>	Realignment of ICO finance reporting, ICO transformation projects which are high impact quick impact to be confirmed / prioritised / reported.	
High Impact	4	High Impact	4	High Impact	4	<b>Latest Update:</b> 04 Apr 2022 <b>Next Assessment Due:</b> 06-Jun-2022
Unlikely	2	Unlikely	2	Unlikely	2	Position remains the same, the CCG continues to work with partners to monitor delivery against contracted obligations.
<b>Risk Identified</b>	27-Nov-2017	<b>Risk Assessed</b>	04-Apr-2022	<b>Target Date</b>	31-Mar-2022	
<b>Risk Movement since last assessment</b>	Constant		<b>Risk History</b>			

## CCGPR.013 Autism: compliance to national strategy re diagnostic and post diagnostic support

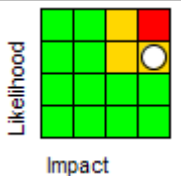
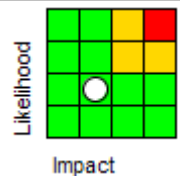
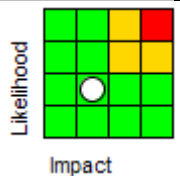
If we are unable to procure a locally based service that is fully compliant with NICE guidance for autism there is a risk that Salford persons with a diagnosis of autism may not receive all the range of required support services to meet their needs linked to health and social care.		<b>Risk Owner / Updater</b>	Lyndsey Daly			
		<b>Risk Sponsor</b>	Paul Walsh			
		<b>Governance Group</b>	Mental Health Commissioning Group			
<b>Existing Controls</b>	Salford continues to use a diagnostic service based in Chester as an interim measure. We have already carried out significant work in terms of understanding local needs and specifying a service. Need to further understand the people. APB in place to review, plan and coproduce.					
<b>Assurances</b>	Revised data specification due in autumn, to capture number of autistic adults registered with a GP. Additional work with diagnostic service in respect of consent and information sharing to direct post diagnostic offer of support.					
<b>Assurance Level</b>	① Level 1 - Departmental assessment (internal)					
<b>Gaps</b>	Failed tender exercise during 2016. Further work needed in respect of understanding the people we support and the collation of meaningful data broken down into 3 parts, those diagnosed, non-diagnosed and those transitioning to adulthood. Data and awareness raising to underpin commissioning intentions and roll out of Salford priorities and alignment to the strategy.					
<b>Original Risk</b>	9	<b>Current Risk</b>	6	<b>Target Risk</b>	4	<input checked="" type="checkbox"/> <b>Treat (Plan in place)</b>
						<ul style="list-style-type: none"> <li>We have recently revised our local requirements for service</li> <li>We now have a plan to progress local discussions and collaborative planning within the ICO in order to agree a fit for purpose specification for local service. The aim is to have the ICO deliver a local compliant service, and this negates the need for further tendering. Seek approval and funding via appropriate board. Review shows that further detail needed to support above.</li> </ul>
Medium Impact	3	Low Impact	2	Low Impact	2	<b>Latest Update:</b> 04 Apr 2022 <b>Next Assessment Due:</b> 06-Jun-2022
Likely	3	Likely	3	Unlikely	2	No change from last reported position
<b>Risk Identified</b>	27-Nov-2017	<b>Risk Assessed</b>	04-Apr-2022	<b>Target Date</b>	31-Mar-2022	
<b>Risk Movement since last assessment</b>			<b>Risk History</b>			

## CCGPR.025 Partner Organisation's Budget Pressures

<p>If partner organisation's budgets come under increased pressure then they may need to cut services so more pressure may be experienced by NHS services.</p>		<b>Risk Owner / Updater</b>	Elaine Vermeulen			
		<b>Risk Sponsor</b>	Steve Dixon; Elaine Vermeulen			
		<b>Governance Group</b>	Governing Body			
<b>Existing Controls</b>	Regular meetings with providers, contract performance monitored every month. Integrated Care Joint Committee will receive detailed finance reports on the adult's pool and will monitor progress of closing the financial gap (£6m over 5 years.) Joint Committee ensures that one organisation does not make unilateral decisions on decommissioning services within the scope of the pooled budget.					
<b>Assurances</b>	Position is reported every month through Integrated Care joint Committee.					
<b>Assurance Level</b>	② Level 2 - Organisational Oversight (internal)					
<b>Gaps</b>	Time lag in contract performance information. Need to ensure clinical strategy groups and commissioning managers are engaged in controls. Children's services and public Health budgets are not covered in the adults pooled budget/Joint committee arrangements - therefore need to understand impact of funding reductions in those areas.					
<b>Original Risk</b>	<b>9</b>	<b>Current Risk</b>	<b>6</b>	<b>Target Risk</b>	<b>3</b> <b>Treat (Plan in place)</b>	
<p>Likelihood</p> <p>Impact</p>		<p>Likelihood</p> <p>Impact</p>		<p>Likelihood</p> <p>Impact</p>	<p>Locality Plan meetings are now taking place with all partners and a specific Financial Locality Plan meeting is being scheduled to review and monitor financial sustainability. Look at other budgets to offset any of the financial pressure. Financial reserve to meet any contract overspend.</p>	
Medium Impact	3	Medium Impact	3	Medium Impact	3	<b>Latest Update:</b> 04 Mar 2022 <b>Next Assessment Due:</b> 06-Jun-2022
Likely	3	Unlikely	2	Very Unlikely	1	We have assurance that partners' budget pressures are manageable for r 21/22, plans still in development for 22/23
<b>Risk Identified</b>	06-Mar-2015	<b>Risk Assessed</b>	05-Apr-2022	<b>Target Date</b>	31-Mar-2022	
<b>Risk Movement since last assessment</b>	Constant		<b>Risk History</b>			

## CCGPR.030 Care Homes Quality

There is a risk that provision of care will not meet the level of quality expected by the commissioner and we may fail to achieve the 20% target for care homes rated as inadequate or requires improvement under the CQC inspection criteria. There is also a risk around market sustainability which is directly linked to the management and oversight of care homes quality		<b>Risk Owner / Updater</b>	Paul Walsh	
		<b>Risk Sponsor</b>	Karen Proctor	
		<b>Governance Group</b>	Governing Body	
<b>Existing Controls</b>	Performance monitoring of CQC ratings on a monthly basis. A Quality group (Quality Improvement Network) is in place that has oversight of performance and improvement			
<b>Assurances</b>	The Quality group is working with both the Care Homes and the regulator CQC to assess and action the identified improvements plans.			
<b>Assurance Level</b>	② Level 2 - Organisational Oversight (internal)			
<b>Gaps</b>	A GM assessment undertaken as part of the Care Home Excellence programme has identified gaps in Salford's contract monitoring/improvements resource. This has been mitigated through the use of the Improved Better Care Funding.			
<b>Original Risk</b>	<b>6</b>	<b>Current Risk</b>	<b>6</b>	<b>Target Risk</b> <b>3</b> <input checked="" type="checkbox"/> <b>Treat (Plan in place)</b>
				The Quality group has a detail action plan of the care home who are either inadequate or requires improvement and is working with home and the CQC on those action plans.
Medium Impact <b>3</b>	<b>3</b>	Medium Impact <b>3</b>	Medium Impact <b>3</b>	<b>Latest Update:</b> 04 Apr 2022 <b>Next Assessment Due:</b> 06-Jun-2022
Unlikely <b>2</b>	<b>2</b>	Unlikely <b>2</b>	Very Unlikely <b>1</b>	Salford current (April 2022) CQC care home ratings are:
<b>Risk Identified</b> 07-Nov-2017	<b>Risk Assessed</b> 04-Apr-2022	<b>Target Date</b> 31-Mar-2022	GOOD - 88% or 37 homes	
<b>Risk Movement since last assessment</b>	 Constant	<b>Risk History</b>	REQUIRES IMPROVEMENT - 12% or 5 homes (year-end target 12%) Engagement and support continues to be provided across the Salford system as we work through the next phase of Covid 19. We remain in close contact with the regulator CQC on matters relating to their inspections.	

CCGPR.034 Referrals to non-contracted previous “any qualified provider (AQP)” provider													
There is a reputational risk from a former AQP provider who have added themselves to the Secondary Care Menu on e-RS to provide non-obstetric ultrasound services (NOUS) in Salford, outside of a GM procurement process where they were an unsuccessful bidder. They have done this citing the choice framework and should not have continued to accept new referrals for NOUS and there is no contract with this provider and therefore no future monitoring and assurance around quality.				<b>Risk Owner / Updater</b>		Neil Cudby; Eejay Whitehead		Fiona Smith					
				<b>Risk Sponsor</b>		Karen Proctor							
				<b>Governance Group</b>									
<b>Existing Controls</b>		Once we were aware of the continued referrals by Salford practices because the former provider was still visible on e-RS as a NOUS provider, BI reviewed all referrals on e-RS since 14th September on an ongoing basis. We have contacted all practices concerned and asked them to review all referrals to the former provider and rebook any that had not already had a scan. However, there are a number of scans (awaiting exact figure) that have already taken place.											
<b>Assurances</b>		We will continue to review e-RS data and contact any practices that are still making referrals to the former provider. We have written to the former provider and asked them to remove themselves from the secondary care menu on e-RS, not to continue to accept referrals and informed them that we will not pay for any referrals post 14th September. In addition, Stockport CCG have formerly written to them, acting on behalf of all 7 GM CCGs, asking why they believe they are permitted to remain on the secondary care menu and to inform them that no CCG in GM will pay for any activity from new referrals post 14th September 2021.											
<b>Assurance Level</b>		① Level 1 - Departmental assessment (internal)											
<b>Gaps</b>		We have been in contact with NHS Digital and NHS England to make them aware of this issue and to enquire whether there are any controls that can be put in place nationally to restrict access to the secondary care menu.											
<b>Original Risk</b>		12		<b>Current Risk</b>		4		<b>Target Risk</b>		4		✔ Treat (Plan in place)	
										The risk and mitigations will be regularly reviewed			
High Impact		4		Low Impact		2		Low Impact		2		<b>Latest Update:</b> 10 Feb 2022 <b>Next Assessment Due:</b> 06-Jun-2022	
Likely		3		Unlikely		2		Unlikely		2		We have continued to work with other CCGs and NHSE and NHS Digital to resolve this issue. The provider has removed themselves from e-RS on a temporary basis and we are currently in discussion with them around a permanent resolution.	
<b>Risk Identified</b>		16-Nov-2021		<b>Risk Assessed</b>		07-Apr-2022		<b>Target Date</b>		31-Mar-2022			
<b>Risk Movement since last assessment</b>		■ Constant		<b>Risk History</b>									

## CCGPR.010 Reduced Community Heart Failure Service for the next 6 – 12 months

If there is a reduced Community Heart Failure Service then the care provided to Salford residents may be affected.				<b>Risk Owner / Updater</b>	Tori Quinn	
				<b>Risk Sponsor</b>	Harry Golby	
				<b>Governance Group</b>		
<b>Existing Controls</b>	<ul style="list-style-type: none"> <li>Meeting fortnightly with SRFT/CCG (Heart Failure Task and Finish Group) to review mitigation.</li> <li>Ongoing communication in place to primary care through Members Newsletter</li> </ul>					
<b>Assurances</b>	<p>Within fortnightly meetings as above, seek assurances about:</p> <ul style="list-style-type: none"> <li>Demand of the service</li> <li>Impact on other cardiology services</li> <li>Impact on primary care</li> <li>Admissions, Length of Stay and mortality</li> </ul>					
<b>Assurance Level</b>	① Level 1 - Departmental assessment (internal)					
<b>Gaps</b>	None identified					
<b>Original Risk</b>	<b>12</b>	<b>Current Risk</b>	<b>2</b>	<b>Target Risk</b>	<b>2</b>	<b>Tolerate</b>
High Impact	4	Very Low Impact	1	Very Low Impact	1	<b>Latest Update:</b> 04 Apr 2022 <b>Next Assessment Due:</b> 06-Jun-2022
Likely	3	Unlikely	2	Unlikely	2	No change since last update - Due to the COVID-19 pandemic, changes to ways of working have increased efficiency in some clinical specialties. The CCG has reiterated to the manager of the Heart Failure team the data requirements requested to enable a future commissioning decision to be made regarding the service. There are plans to review cardiology services capacity and demand in 2022/23.
<b>Risk Identified</b>	01-Mar-2019	<b>Risk Assessed</b>	04-Apr-2022	<b>Target Date</b>		
<b>Risk Movement since last assessment</b>	Constant			<b>Risk History</b>		



