TRANSFORMATION PROGRAMME HIGHLIGHT REPORT

Programme Director	Sandra Croasdale	
Period of Report	Month 1 18/19	
Date written	21st May 2018	
Overall Programme Rating	This period – Month 1 18/19	Last Period – Month 12 17/18

Aim

This paper provides the ICB with an update on the following:

- Finance & Performance at Programme Level – describing the current reporting status across the organisations.
- Programme Delivery – describing the effect of the transformation fund on our locality.
- Local Care Organisation – first update since "go live" date.
- Risk – a look at the systems collective Transformation risk.

The overall rating of the programme for this period is Amber.

Finance & Performance at Programme Level

Due to the year-end process, Provider and Commissioner Organisations historically do not produce month 1 financial or data information; therefore it is not possible to report on the April finances or data performance for the Transformation fund with any degree of accuracy. Both areas will be reported to ICB from Month 2 onwards.

Work has been completed with GM during April to align the transformation investment agreement with operating plans.

Programme Delivery

With a more robust reporting process in place the PMO have been able to identify areas within the system that require additional support and have now started to work with individuals to create more resource capacity. With this there has been a shift in focus to really understand and appreciate what effect Transformation is having on our locality. A number of good news stories have been shared in the 12 Month Report; however here are 2 more stories from April that highlight how the teams are collaborating and the positive effect that has on an individual:

Urgent Care - HEATT Car – April 2018

NWAS were called to attend to a patient who had a choking incident at a care home. The individual had end stage dementia and swallowing difficulties, and had recently been discharged from hospital.

The care home staff called an ambulance. NWAS attended and contacted the HEATT Car team who phoned through to the Urgent Care Community Team.

HEATT Car attended, carried out observations and were able to support the individual in the care home and therefore deflecting a potential A&E attendance and admission. They then liaised with GP to ensure that a management plan was in place for the individual.

Primary Care - Focused Care – April 2018

A Focused Care worker at a GP surgery resolved a long standing issue of fraud/financial abuse relating to an elderly and very vulnerable patient who had been manipulated and defrauded out of over £3000. The focused care worker contacted the lady's bank and ensured all cards were stopped and replaced and that a fraud investigation was initiated with the police being involved to ensure no future threat to the lady's safety from the perpetrators. This level of support and care is having a positive impact upon the lives of the patients.

Theme Update

Appendix 1 –Theme Update – This paper describes the recent delivery of the programme at a Theme level. This appendix also starts to provide an update on recruitment across the system; this work is in development and will now be reported on to ICB monthly.

Transformation Performance Indicators (TPI's)

Work to identify primary TPI's across the programme continues to progress with 2 more workshops held in April and a further 2 planned for May and June:

- A TPI progress report was presented to the Neighbourhood and Primary Care Board on 6th April to demonstrate the measures that can be currently and regularly tracked for the first 4 interventions identified to go into the LCO contract. This report will be updated to include all 17 LCO interventions and seek agreement to proceed at a future LCO Board.
- Follow up sessions with Project Delivery Managers of each intervention to confirm the 3 primary TPI's continues to progress across all interventions.

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<u>Local Care Organisation</u>

The due diligence process for the LCO completed at the end of March 2018. Of the five themes covered in the process, three were fully completed and the other two partially completed. Any outstanding actions from the partially completed themes will be address via either a Service Development Improvement Plan (SDIP) which will form part of the LCO Contract or will be further developed via the next gateway in the due diligence process.

A robust lessons learnt exercise for due diligence is currently underway to ensure that all risks are understood and mitigated as appropriate. Learning from this exercise will be embedded in subsequent gateways.

From 1st April 2018 the LCO has responsibility for the delivery of 17 transformation interventions including primary care, urgent care and neighbourhood schemes.

TRANSFORMATION PROGRAMME HIGHLIGHT REPORT

The LCO Board has now been constituted in two parts – Part A including commissioners and Part B provider only. LCO Board sub governance arrangements have been established to focus on the following three areas:

- Development of the LCO
- Delivery of transformation
- Review of mental health services. This has been identified by the LCO as an area with potential to be improved by working in partnership across the whole LCO.

An LCO Contract is under development with the intention to include the following four interventions initially with subsequent interventions being included once mobilised:

- Core +2
- Primary Care Academy
- Discharge to Assess
- Respiratory in INT

Discussions are ongoing with the host provider to agree this contract ensuring that all financial and VAT implications are fully understood.

The LCO is currently working to establish plans and understand fully the delivery requirements of the 17 interventions. This will then support discussion re phasing of interventions into the LCO contract.

The LCO will be reporting directly to the ICB and will expand on key areas of this update.

Risk

The new integrated locality risk register reports an update of the risks scored red (15+) and above in **Appendix 2 – Transformation Risk Register**.

- Risks relating to accommodation in the Mental Health offer are in the process of being reviewed to be downgraded, this will be confirmed at ICB in June.

The quarterly Greater Manchester Health and Social Care Partnership (GMH&SCP) risk update is due for submission on 25th May, again reporting on updates of the risks scored red (15+) and above. This report will be presented for information at ICB in June.

Access

The Our Rochdale website has gone live with a 'soft launch' period. Staff engagement workshops and training sessions have been held and communications are planned to promote the website. The additional web assistant post has been appointed to and commenced in post. Governance arrangements for the website and content management are being developed.

The whole Community Connector team have commenced in post to support the hubs and are undergoing an intensive training induction. The "soft launch" of the community connector service is underway. The public launch has been moved to the beginning of June to enable communications and branding materials to be produced to support the launch. Engagement with stakeholders is underway and there has been briefing sessions at the GP locality engagement groups with further sessions planned. Plans are also in place for the Connector team to engage with township forums.

The Housing Triage project continues to operate well and work has progressed to increase the capacity of the service with an additional post from adult social care. Wider stakeholders and services have been engaged to promote the service. The current deflections targets for housing triage are currently under review to consider their achievability alongside the development of TPIs. Without the wider strategic housing and health work that is being managed in the neighbourhood theme being successful it is unlikely the deflections will be achieved by the triage service in isolation

	Overall RAG	Mobilisation RAG	Expenditure RAG	Deflection RAG	Risk RAG	Headcount RAG	
						Budget	Actual
Directory of Services						1	1
Easy Hubs						9	8
Housing Triage						1	1

Prevention

Progress in Prevention has been very positive in April and Early May with a number of the projects going live. Many of the posts have been recruited to and commenced in post .

The self-care programme lead has commenced in post as well as many of the health and wellbeing coaches and community builders. The elderly and children's oral health continue to deliver against their aims and there has been an encouraging start in the smoking in pregnancy work.

A number of TPI's have now been developed across the Programme to help better understand delivery of the schemes. The Projects are reporting across the Programme as Green and Amber for delivery

	Overall RAG	Mobilisation RAG	Expenditure RAG	Deflection RAG	Risk RAG	Headcount RAG	
						Budget	Actual
Health and Wellbeing Coaches & Community						11.5	11.5
Elderly Oral Health						2.5	2.5
Self Care						1	1
Reducing Diabetes						Currently staffed and funded by NHSE	
Behaviour Change						Not funded by Transformation	

Prevention continued

	Overall RAG	Mobilisation RAG	Expenditure RAG	Deflection RAG	Risk RAG	Headcount RAG	
						Budget	Actual
Smoking in Pregnancy						1.5	1.5
Children's Oral Health						4	4
Accident Prevention						Funded by Public Health	

Primary Care

The Overall Primary Care programme is currently reporting as Amber overall. The Programme currently consists of four projects to which two of these have transferred to the LCO . These are Core +2 and Primary Care Academy. The clinical pharmacy project is currently Amber. The CCG and the RHA are scheduling to meet as matter of priority to discuss and understand current budgets, existing / known cost pressures and additional prescribing to support pharmacist recruitment.

The Focused Care Workers project is currently on track and the contract has been issued and scoping for the next round of recruitment is underway . The Focused Care worker interviews have taken place and the sharing of the case studies is underway.

Core+2 - Mobilisation plans have been received and have sufficient information and details to be able to sign off for quarter one. Regular meetings have been taking place with the provider to facilitate mobilisation. The Contract is to be signed and a further update will be provided in the next update. Primary Care Academy - Mobilisation plans have received and discussed, regular meetings have taken place to facilitate mobilisation. The contract is to be signed and a further update will be provided next month.

	Overall RAG	Mobilisation RAG	Expenditure RAG	Deflection RAG	Risk RAG	Headcount RAG	
						Budget	Actual
Clinical Pharmacy						8	1.8
Focussed Care Workers						16	8.5
Core+2						0	
Primary Care Academy						0	

Children's

The two constituent projects are showing red and amber for the month of May. These ratings relate to the challenges in recruitment to the roles as indicated in the previous update.

The risks in the theme remain as described in previous reports. Recruitment challenges have been highlighted in subsequent slides relating to hashtag thrive posts and the paediatric nurse practitioners.

Works are ongoing to develop the Alliance arrangements as detailed in the One System Approach . A detailed Alliance plan is being produced this period and will tie into the Alliance finance and contracting sessions.

The delivery of the intervention Briefs working with the PMO has been scheduled in May 2018.

	Overall RAG	Mobilisation RAG	Expenditure RAG	Deflection RAG	Risk RAG	Headcount RAG	
						Budget	Actual
One System						28.5	22.5
Advanced Nurse Practitioner						8	3

Planned Care

The Planned Care programme is currently red for overall theme status. The Living with and beyond cancer intervention is reporting as red. The intervention is now underway: a project manager is now in post and will be developing a project plan. The Contract Meeting with PAHT took place mid-April, and the service specification will continue to be reviewed and firmed up.

The IECP intervention continues to report as amber as there is still considerable work needed to deliver the full transformation as described in the specification. Some of the areas of concern have been in resolving operational issues within delivery of the multi-agency IECP pathways. The IECP2 intervention is currently reporting as red for overall project status, and this is mainly due to pressures within General Surgery and Ophthalmology, which mean there has been a delay in mobilising the transformation plans.

The LTC Acute/RightCare intervention is reporting as amber. The most significant activity has been within the Cardiology intervention whereby a cardiology Single Point of Access was agreed by CPAP. Cost modelling work with Bury CCG and PAHT is underway in the next period. There continues to be a red risk associated with the RightCare data and translating this into meaningful change projects – a review of this data will provide direction for the key areas of focus for this intervention. The Pain intervention currently has two identified red risks in regards to the sedation of patients and the repatriation of patients back into IPMS and the mitigating actions of reducing these risks are ongoing.

	Overall RAG	Mobilisation RAG	Expenditure RAG	Deflection RAG	Risk RAG	Headcount RAG	
						Budget	Actual
Cancer						5	0
IECP			N/A			N/A	N/A
IECP2			N/A			N/A	N/A
LTC Acute/ Right Care			N/A			N/A	N/A
Pain Services			N/A			N/A	N/A

Neighbourhoods

The Neighborhoods theme, as part of the LCO mobilisation has now transferred to the LCO. The PMO are working with the LCO to help support the transitional arrangements.. The update is split across two table to fully capture the full theme of works.

INT Respiratory – Thus service has been operational 5 days a week for over 12 months and exceeded the 17/18 target deflections. In M1 of 18/19 the deflection targets have increased considerably and actual deflections in month fell below for ED deflections but exceeded NEL. Current pathways have been reviewed and there is development underway for education sessions with the INT Team leads within each neighborhood. Pulmonary rehab is now embedded within the service which has provided an enhanced skill set. The Project is currently reporting as being on track.

INT Falls and Frailty- This project is due to commence in June 18. Following a review of skill mix to manage long term conditions it was identified that a range of professionals would best meet the outcomes. The Falls service pilot has been completed and meeting arranged on 15.5.18 to evaluate and agree model going forward. Recruitment is underway to community physio, support workers, nursing staff and administration to support this.

Intermediate Tier Services - A new practitioner joined the team in April, A band 7 role is awaiting to commence in post, IV Therapy team is fully established, with one person still to commence in post 1st week in May. The Deflection milestone that has passed - Review of IV Therapy step up/step down activity since December is taking place to inform deflection targets associated with this to agree deflection targets for UCCT Virtual Bed service element in the next 2 weeks.

	Overall RAG	Mobilisation RAG	Expenditure RAG	Deflection RAG	Risk RAG	Headcount RAG	
						Budget	Actual
INT Respiratory							
INT Falls & Frailty				N/A			
Expansion of Intermediate Tier Services				n/a			

Neighbourhoods continued

MH Project key update - The Delivery venue for the safe haven has changed to Sudden Resource Centre, the service will be co-located with the AMHP extended hours service. . Work to scope out refurbishment and enhanced security provision is currently in progress. The North East Sector Safe Haven model is in development, an initial draft has been shared with the CCGs and a number of actions are being followed up. A Final model to be agreed pending outcome of the actions.

Domiciliary Care . This intervention is currently reporting as green for delivery. Apprentice Co-coordinator is in place and a plan has been developed for apprentices to be recruited to support for the care sector. New contracts continue to be embedded. New payment arrangements have commenced with the first providers being paid through the provider portal. It has been agreed that there needs to be collaborative working with other projects to implement a night support service.

Care Homes INT- This intervention is currently reporting as amber for overall delivery due to a delay with recruitment of the Advance Nurse Practitioners, neighbourhood nurses and the Pharmacy Support for Care Homes,. Meeting with RHA took place to understand the budget for recruitment, recruitment started for advance practitioners within the RHA – closing date mid May, with an anticipated September 2018 start date. A task and finish group has been defined and meetings are planned to identify the scope of the Virtual team. First meeting has taken place, roles, responsibilities and ongoing actions discussed and agreed.

	Overall RAG	Mobilisation RAG	Expenditure RAG	Deflection RAG	Risk RAG	Headcount RAG	
						Budget	Actual
MH Plan – Primary in MH INT						1	1
MH Plan – Urgent Care Offer							
MH Plan – Out of Hospital							
Domiciliary Care INT							
Care Homes - INT							

Neighbourhoods continued

Palliative Care - Project manager now handed over all existing council workload. The service specification for anticipatory drugs has been developed, with Springhill hospice agreeing to deliver bespoke training once the pharmacies involved have been identified. Meetings have taken place throughout April and the Development of a service Summary is now needed to link service delivery this is planned for May 2018. Project plan developed. The project is reporting amber overall for delivery.

Complex Dependencies – The Project is currently reporting red overall. Recruitment progress has taken place with one staff post appointed to. The other candidates were not considered to be appointable and so the job advert will go out again in the near future reducing some elements of the criteria (degree qualification) in the hope of attracting more suitable candidates. It has been confirmed that PCC funding will not be awarded in 18-19 which will remove one staff post from the total . The Project support officer has started to review the work that the CD mini hub does and will also to bring into the review the wider CD service offers. Strategic Lead will be sought from the board regarding the report recommendations in due course.

Substance Misuse - The Project is currently reporting Amber for delivery . An arrangement in place to attend the PCFT weekly MH Transformation Project Team meeting on Monday 21st May 18 to open discussion regarding the MH dual diagnosis element of this projects funding with a view to finding a practical way forward. In addition a MH KPI workshop is planned for June 18 which will feed into this area of the Transformation Fund.

Enhanced Carers – The Project is currently reporting as Green, Implementation is underway and the contractual meetings have been arranged in May .

						Headcount RAG	
	Overall RAG	**Mobilisation RAG**	**Expenditure RAG**	**Deflection RAG**	**Risk RAG**	**Budget**	**Actual**
Palliative Care and End of Life						10	2
Complex Dependencies							
Substance Misuse						3.8	2.8
Enhanced Carers							

Urgent Care

The Urgent Care Programme consists of three separate projects . These are Heatt Car, Discharge to Assess and A+E Front Door Streaming.

The HEATT service has been operating a 37.5 hour service since Dec 16 and has, as of 1st May increased its hours to 12 hours a day and 7 days a week. The aim is that the HEATT service will expand and will eventually operate 2 vehicles 12 hours per day, 7 days per week. Financial costings have now been agreed with HMR CCG and NWAS.

D2A 24 hour: The staffing structure has been recruited to for the discharge to assess bed based scheme and resources are supported from RBC Adult care when demand fluctuate. A key objective for the forthcoming months is to reduce the time from referral to D2A to discharge in line with the 4 hour target. Baseline data is being collected to be establish current response times. The Flow Service Standard operating procedure is now completed. Our Rochdale Borough Council Comms has been developed. Practice agreement remains with Legal Department, provisional proposals have been drawn up to support any service gaps in the IDT's and Financial structure to support gaps has been considered.

Urgent Care/Primary care Interface (formerly A&E Front Door Streaming) - Providers have met 02/05/18 to discuss the vision for Primary Care/Urgent Care interface and re-design. Proposal to review the commonality of triage models within IVCH and UCC presently to see if they align. Proposal to review functions of AVS and ATT and NWAS Health Care Professionals referral pathways (Card 35's) to align with Intermediate Tier services as alternative offer to secondary care. Once this has been completed this will be shared with PMO. The project has been rated red due to slippages in the timeline

	Overall RAG	Mobilisation RAG	Expenditure RAG	Deflection RAG	Risk RAG	Headcount RAG	
						Budget	Actual
HEATT Car						5.5	5.5
Discharge to Assess							
Urgent Care/Primary Care Interface							

Enablers

The three enablers supporting transformation are Workforce, , IM&T and Estates. There are separate project areas for each enabler.

The Workforce enabler is made up of four separate strands. These are ; Culture Change, Brand and Identity, Hard to fill posts and career pathways. A workshop on the 29th May with GE consulting who have been commissioned to work with localities to help frame and shape the projects in our Workforce Programme. The projects will then be further developed and an update on each will be provided moving forward.

The IM&T enabler is currently reporting on the development of Graphnet . The development of the Graphnet will enable Rockdale's Community Hubs concept, support the Integrated Neighbourhood Teams, as well as wider services in the borough. It will allow partners to share data to promote greater quality and effectiveness of service delivery across the public sector We will connect systems in use within the locality through a combination of IT systems with CareCentric acting as the information broker. The CareCentric system will provide an enhanced Integrated Digital Care Record, a means to create Integrated Care Plans and provide Health and Social Care teams with a mechanism for better care co-ordination. The service is currently scheduled to go live in September 2018 and is currently on track.

The Estates enabler is supporting transformation with several dedicated projects linking to other themes. The Estates works are supporting the Easy Hubs Project and the Mental Health as updated in the report. , and the work is also underway looking at the Locality Asset master planning .

	Overall RAG	Mobilisation RAG	Expenditure RAG	Deflection RAG	Risk RAG	Headcount RAG	
						Budget	Actual
Workforce				N/A		N/A	N/A
IM&T				N/A		N/A	N/A
Estates				N.A		N/A	N/A

			Current									Target			
Risk	Risk Description	Risk Owner/ Editor	Likelihood	Impact	Score	Controls	Assurance	Gaps in Controls	Gaps in Assurance	Assurance Level	Action for Further Control	Likelihood	Impact	Score	Objective Owner
Prevention and Access															
2.6 Housing Triage															
Deflections Achievement	There is a risk that the deflections assigned to this project arent achieved. There is a need for wider housing and health system development to achieve the targets set. The triage service in isolation is unlikely to achieve those targets.	Darryl Lawrence	4	4	16	Effective TPIs are being developed to monitor the performance of triage service, wider strategic housing and health work may mean deflections can be achieved, neighbourhood board picking this up.	Neighbourhood board with wider housing and health work. Performance monitoring of triage service	Mitigation of risk is dependant on progress of the wider strategic work being undertaken	None	Significant	None	3	3	9	Darryl Lawrence
Neighbourhoods & Primary Care															
3.1 - Clinical Pharmacists: To support the reduction in over prescribing, inappropriate poly-pharmacy and improve quality of prescribing in areas where HMR CCG is identified as an outlier.															
Prescribing Costs	There is a risk that GPs will continue to over-prescribe certain medications and there will be a reluctance to engage in the programme of reducing costs in prescribing where safe and appropriate to do so. Also the potential for patients being reluctant to change current medicines routine.	Karen Hurley, Keith Pearson	4	4	16	There is a consultation on limiting of prescribing over the counter medications for minor ailments (with NHS England). Our role is to get patients to engage with this programme also.	Patients views being taken via internet survey on opinions on the prescribing consultation. HMR CCG Governing Body approved the clinical needs policy in 2016. Also in place is the minor ailments scheme.	GPs free to prescribe how they choose. Strong recommendation on certain medications but GPs free to prescribe. No national mandate at present.	Local residents do not take opportunity to complete survey. No way of filtering based upon locality and so may lack influence on national policy.	Significant	The impact of NSCO stock and NHSE approved price concessions have been considerable for most CCGs. Easily identifiable savings are increasingly difficult to locate. Inhalers review will likely reduce prescribing costs, however there are no other clinical areas where significant savings can be made. GPs remain as custodians of medicines given to their patients and changes can only be made following GP agreement. The current Prescribing Work Programme has identified numbers of patients who would benefit from reductions / discontinuations of one or more medicines, although these are generally inexpensive drugs. The NHSE consultation on encouraging self care via community pharmacists, GPs will still retain the right to prescribe these drugs at NHS expense if they so choose. There are some likely cost-pressures for the next FY to improve care of patients with Type 1 diabetes, this could benefit through reduced hospital admissions. Use of biosimilar drugs offers the best opportunity for substantial costs savings in the 2018/19 FY and beyond. Pending data from April 2018, available July 2018.	3	3	9	Kate Hudson

			Current								Target			
Risk	**Risk Description**	**Risk Owner/ Editor**	**Likelihood**	**Impact**	**Score**	**Controls**	**Assurance**	**Gaps in Controls**	**Gaps in Assurance**	**Assurance Level**	**Action for Further Control**	**Likelihood**	**Impact**	**Score**	**Objective Owner**
4.1 - Integrated Neighbourhood Teams															
Delivery of Outcomes - Integrated Neighbourhood Teams	Failure to deliver the required outcomes due to under resourcing and Local Care Organisation maturity.	Dianne David	4	4	16	PMO processes and systems in place to programme manage delivery Communication via PMO/LCO Board and informal meetings Key milestone plans in place	Governance for transformation now in operation including the Neighbourhoods and Primary Care Partnership Board and the Transformation Delivery Board. Regularly reviewed at the LCO Board and Joint Executive (EMT/ELT)	Performance management framework needs to be developed communication needs improvement via informal as well as formal routes Programme Management needs to improve with more detailed project plans in place	Neighbourhoods and Primary Care Partnership Board is to be developed into a more strategic board. There is a requirement for an operational group to be set up to support delivery	Limited	To further implement the improved performance management The set up operational group To continue to build on communication routes	2	4	8	Dianne David
4.2 - Intermediate Tier Service															
Delivery of Outcomes - Intermediate Tier Service	Failure to deliver the required outcomes due to under resourcing and Local Care Organisation maturity .	Dianne David	4	4	16	PMO processes and systems in place to programme manage delivery Communication via PMO/LCO Board and informal meetings Key milestone plans in place	Governance for transformation now in operation including the Neighbourhoods and Primary Care Partnership Board and the Transformation Delivery Board. Regularly reviewed at the LCO Board and Joint Executive (EMT/ELT)	Performance management framework needs to be developed communication needs improvement via informal as well as formal routes Programme Management needs to improve with more detailed project plans in place	Neighbourhoods and Primary Care Partnership Board is to be developed into a more strategic board. There is a requirement for an operational group to be set up to support delivery	Limited	To further implement the improved performance management The set up operational group To continue to build on communication routes	2	4	8	Dianne David
4.32 Mental Health Plan - Urgent Care Offer															
Living Well Hub	No identified accommodation to deliver the service from	Dianne David	4	5	20	This has been escalated via the risk register and via SEG. Suitable estates options are being considered.	SEG Meetings, PMO review to be undertaken across Enablers to look for high risk areas of delivery to be provided with additional support	Differing routes for Mental Health and Property acting as an enabler. To establish roles and responsibilities specifically linked to individual schemes	A review of enabler work areas to be undertaken to look for interdependencies and how these may effect delivery relating to benefits.	Limited	To be reviewed as part of the Enablers brief review and property brief to look at terms of reference and suitable role holders to be identified.	2	5	10	Dianne David
4.33 Mental Health Plan - Out of Hospital Offer															
Living Well Hub	No identified accommodation to deliver the service from	Dianne David	4	5	20	This has been escalated via the risk register and via SEG. Suitable estates options are being considered.	SEG Meetings, PMO review to be undertaken across Enablers to look for high risk areas of delivery to be provided with additional support	Differing routes for Mental Health and Property acting as an enabler. To establish roles and responsibilities specifically linked to individual schemes	A review of enabler work areas to be undertaken to look for interdependencies and how these may effect delivery relating to benefits.	Limited	To be reviewed as part of the Enablers brief review and property brief to look at terms of reference and suitable role holders to be identified.	2	5	10	Dianne David

			Current									Target			
Risk	**Risk Description**	**Risk Owner/ Editor**	**Likelihood**	**Impact**	**Score**	**Controls**	**Assurance**	**Gaps in Controls**	**Gaps in Assurance**	**Assurance Level**	**Action for Further Control**	**Likelihood**	**Impact**	**Score**	**Objective Owner**
Estates Funding	Funding to be determined for clinic space in the Easy Hubs and Living Well Hub - no estates funding was included in the bid	Andrea Dutton	4	4	16	This has been escalated via the risk register and via SEG. Suitable estates options have been considered and funding has been agreed for space in the Easy Hubs, that is to be funded. Further works are to be funded via funding request in the form of a business case to NHS England. This work is being undertaken by AA Projects. Sharing of space on a sessional basis at EASY Hubs, with Living Well Mental Health Service, has been agreed at EASY Hub Steering Group.	SEG Meetings, PMO reviewas part of Enabler updates to the TDB as part of the monthly rolling cycle.	Funding arrangements for business case still to be defined	An ongoing review of the Enabler workstream will be undertaken	Limited	To be reviewed as part of the Enabler activity at both the SEG and TDB with the Enabler Lead for estates.	3	4	12	Sarah Buttler
4.6 Care Homes in INT															
Recruitment Delays	Failure to recruit to the advanced nurse practitioner posts and the increased clinical and pharmacy support for care homes from RHA and PAHT	Jane Myers	3	4	12	Advance Nurse Practioner posts have been out for advertisement with interviews to take place end of May. Aim to have a start date of Sept 18 through RHA. Further discussions to take place at the project meeting around the clinical pharmacists support and how this can be implemented moving forward within the care homes project	Governance for transformation now in operation including the Neighbourhoods and Primary Care Partnership Board and the Transformation Delivery Board. Regularly reviewed at the LCO Board and Joint Executive (EMT/ELT)	Risk to be sent to Workforce enabler works for monitoring to ensure system support is provided	Neighbourhoods and Primary Care Partnership Board is to be developed into a more strategic board. There is a requirement for an operational group to be set up to support delivery	Limited	A review meeting and update to be [rovided In the next reporting cycle on actions taken	2	3	5	Jane Myers
4.9 Complex Dependencies Mini Hub															
PCC Grant Funding	The risk is that the PCC Grant funding will not be allocated to this project for 2018	Janice Holliss	3	3	9	Rochdale Safer Communities partnership is aware of the issue and the decision is imminent	If funding from PCC is cut this will in part (but not wholly) be mitigated by the removal of some criminal justice work from Renaissance to the D and A incoming provider	The service will still work with Spotlight offenders and will deliver some prison in reach work which lack of PCC funding may impact	Project manager and commissioners will need to work with providers to see how this will affect services operationally	Significant	Review service provisions funding requirements	2	2	4	Janice Holliss
4.10 Substance Misuse															
Recruitment Delays	Unable to appoint consultant psychiatrist and support for fixed term (2 years), part-time (0.5) roles. In proportion to deflections this role should contribute about 50% of the deflections for this intervention	Janice Holliss	4	4	16	The Delivery Manager meets regularly with the Oldham DpH who is aware that we are looking at possibly revising the spec for the MH provision . JH has been invited to the next Pennine Care TF Meeting to float the idea of what might be a better approach, to better achieve the deflections.	Discussions will take place to explore potential of an enhanced mental health practitioner role to act as a gateway between the dual diagnosis cohort of service users and clinical MH services	A contact at Pennine Care has been made and the correct meetings and discussions take place to ensure that job description and person specification are jointly agreed	There is no assurance that the deflections will be achieved if the post is not recruited to as the post will address around a 3rd of the service users	Limited	Discussions are ongoing with Oldham to look at resolving the issue and a further update will be provided in the next cycle. However, should the decision be taken to downgrade the MH practitioner requirement, we will be less dependent on Oldham's input.	3	3	9	Dianne David*

			Current									Target			
Risk	**Risk Description**	**Risk Owner/ Editor**	**Likelihood**	**Impact**	**Score**	**Controls**	**Assurance**	**Gaps in Controls**	**Gaps in Assurance**	**Assurance Level**	**Action for Further Control**	**Likelihood**	**Impact**	**Score**	**Objective Owner**
Funding for Joint Post	The risk is that Oldham have confirmed that they have not received a business case request to set up matched funds in 18/19 as the consultant psychiatrist post is due to be a joint full time post between Rochdale and Oldham.	Janice Holliss	4	4	16	See above which switches the focus away from the need to recruit to a Psych post	Discussions will take place between PCFT colleagues and Rochdale to seek a resolution to this issue as soon as possible. At this point the Delivery Manager, Oldham will be briefed and given the option to joint fund if they wish	A contact in the Oldham locality has been made and the necessary discussions will take place to create the business case required when more detail is known.	There is no assurance that the post will be appointed to because it is only part time and it will be difficult to attract personnel of the right calibre.	Limited	Project manager will continue to update the Oldham locality as detail emerges to resolve this issue.	3	3	9	Dianne David*
In Hospital - Planned															
5.2a Integrated Elective Care Pathways (IECP)															
IECP mobilisation	There is a risk that Integrated Elective Care Pathways for T&O, ENT, gynaecology, urology and endoscopy will not mobilise due to the legal and financial complexities of the 4 providers who won the tender – PAHT, BMI, Care UK and GP Care – developing a partnership agreement between themselves.	Sally McIvor, Jennifer Hopes	3	4	12	a) IECP Contract Board established, chaired by Simon Wootton. The group meetings monthly with PAHT as prime providers, to review performance and mobilisation. Once a quarter all IECP partners are invited to the meeting. Contract risks (shared by the CCG and PAHT) are reviewed quarterly including mitigation, using the PMO risk framework. b) PAHT have struggled to fully mobilise the IECP due to the lack of dedicated resource to develop and deliver an IECP transformation plan. However a programme manager has been recruited and should start in January. c) The IECP partners are still forming their partnership, however they are working through the Integrating Governance Between Organisations framework and meeting monthly at IECP partnership meetings. Sub-contracts are not yet signed, which will set out transactional data expectations as well as activity plans. Triage referral criteria and operating procedures still being developed. d) The IECP relies on good quality referrals from GPs, which include a minimum dataset to enable the referral to be effectively triaged, and to ensure the patient gets to the right place first time. However GPs have reported that they find the existing IECP referral forms difficult to use, consequently only around 15% of referrals to the IECP use this form which prevents accurate triage. The CCG is working closely with the IECP partnership, GPs via the LEG meetings and GMSS IT colleagues to develop a single system referral form that will auto-populate from EMIS and can be used for all elective specialty referrals.	a) None b) None c) None d) None	a) IECP performance dashboard still being developed. b) No dedicated programme manager for the IECP in place c) IGBO framework not fully completed or adopted. Issues remain in sharing timely information between partners. d) The fact that the IECP referral forms are being enhanced and can be used for all elective specialties means ownership of this project is not clear within the IECP and externally. Reliant on support from external staff to drive this forward e.g. GP Care GPs and GMSS IT staff, who have competing priorities.	a) None b) None c) None d) None	a) Significant b) Significant c) Significant d) Limited	The Single Points of Access are now live for all 5 specialties however work is being undertaken to improve referral criteria and operating procedures to ensure consistency. PAHT are continuing to work to agree sub-contracts with the 3 partners and hope to have these in place by Christmas. The Trust and CCG have jointly recruited to an IECP programme managers role, the 2 job share candidates should start in January and will develop a plan to fully deliver the benefits of the IECP including shared decision making, community pathways, introducing innovation and 1-stop-shop care and ensuring evidence-based pathways. Activity reporting is now available and there are plans in place to enhance this to include RTT, the outcomes of triage and quality.	3	3	9	Jennifer Hopes
5.2b - Integrated Elective Care Pathways 2 (IECP 2): This initiative is comprised of 5 schemes that will help improve access to elective services: 1. MSK Single Point of Access 2. Integrated elective care pathways – expansion to ophthalmology 3. Integrated elective care pathways – expansion to general surgery 4. Gastroenterology															
Transforming Elective Access	There is a risk that these initiatives fail to deliver the anticipated savings within the timescale expected. The main contributor is a lack of staff resource - for example (1) operational pressures within providers may mean they cannot prioritise this transformation ahead of high risk business continuity and (2) a shortage of commissioner and provider project resource to co-produce the plans and implement .There is also a risk that it will be difficult to identify appropriate governance for the new schemes within an emerging LCO .	Charlotte Booth, Jennifer Hopes	4	4	16	Separate project plans have been developed for each of the initiatives, enabling closer examination of delivery against targets. The development of a future HMR elective board will help prioritise and give traction to these schemes .	Shortlisting additional commissioning team resource to assist with delivery	Development of a HMR elective board .	Commissioning posts not yet advertised .	Limited	Commissioning Band 6 project resource will be advertised imminently .	2	2	4	Charlotte Booth

			Current									Target			
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5.3 - Long Term Acute: This initiative uses RightCare and other business intelligence to identify opportunities to improve the delivery of patient care, particularly opportunities to bring acute care into community settings. The project is phased and includes phase 1 (17-19) - cardiology, cancer, phase 2 (18-20) respiratory and phase															
Realising RightCare Opportunities and Cashable Savings	There is a risk that these initiatives fail to deliver the anticipated savings within the timescale expected. The main contributors are (1) a lack of staff resource within commissioning and BI to prioritise this work alongside other day-to-day pressures - and (2) failure to deliver cashable savings from the RightCare opportunity areas. Reasons for this may include where variance is explained by coding errors, or because a solution requires a GM or NES approach which can significantly delay implementation .	Charlotte Booth, Jennifer Hopes	4	4	16	Separate project plans have been developed for each of the initiatives, enabling closer examination of delivery against targets. The development of a future HMR elective board will help prioritise and give traction to these schemes .	Shortlisting additional commissioning team resource to assist with delivery	Development of a HMR elective board .	Commissioning posts not yet advertised .	Limited	Commissioning Band 6 project resource will be advertised imminently .	2	2	4	Charlotte Booth
5.4 - Pain Services															
Pain - repatriation of suitable patients from PAHT to IPMS	There is a risk that patients being seen in the PAHT pain service are not repatriated to the new pain service delivered by PMS, meaning they continue to receive non-evidence based injection therapies. This may risk patients long term health and is not an effective use of CCG and NHS resources.	Charlotte Booth, Jennifer Hopes	3	4	12	a) The CCG has convened a new monthly meeting between the CCG and other NES CCGs, PAHT and IPMS to review the performance of the pain system and to collectively identify and mitigate capacity and demand problems, and risks. b) There has been inconsistent application of EUR policies relating to pain by all providers in the system. The CCG is working with providers to put controls in place that ensure a more consistent application.	a) None b) None	a) Awaiting full pain system trajectory b) Over 1600 patients affected	a) None b) None	a) Significant b) Limited	New community pain service has mobilised and is receiving higher than anticipated referrals. The repatriation of patients from the PAHT service to PMS started on 1st May 2017 and is being closely monitored by all partners. It is becoming clear that pain system capacity is an issue and the repatriation plan may need to be revised; this is being closely monitored by the CCG, PAHT and IPMS. PAHT, the CCG and IPMS are meeting frequently and forming a more formal and partnership approach to managing both operational delivery and changes to the pain system.	2	2	4	Jennifer Hopes
In Hospital - Urgent Care															
6.1 - HEATT Car: HMR Emergency Assessment & Treatment Team (HEATT) is a system resilience pilot scheme designed to reduce A &E attendances or avoidable hospital admissions where clinically appropriate within the HMR population. The scheme is collaboration between HMR Community Services Division of Pennine Acute															
HEATT Car	Costings within the transformation plan did not include the unsociable hours payment element which NWAS pay their workforce. Work continues with partners to come to a system wide position for this scheme. System wide engagement with all partners has been limited to date. Workforce demands on the core NWAS PES rotas puts staffing the HEATT car at risk. If the locality workforce is to staff the HEATT car access to the C3 telephone system will be required	Charlotte Booth, Charlotte Booth	3	3	9	a) Seek further investment linked to robust evaluation of the scheme to date including savings of £4.50 per £1 invested b) Support sought from Executive Level within the locality via Simon Wootton and via Jon Rouse at a GMHSCP level c) Potential of locality workforce staffing the HEATT car rather than NWAS d) Support sought from Executive Level within the locality via Simon Wootton and via Jon Rouse at a GMHSCP level	a) Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report. b) Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report. c) Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report. d) Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report.	a) Locality financial position puts the potential of additional investment at risk b) None c) None d) None	a) None b) None c) None d) None	a) Significant b) Significant c) Significant d) Significant	Jon Rouse has been fully briefed in relation to progress made to date with and unresolved issues this scheme. This supported a conversation with the NWAS CE where traction was agreed. Finances for the scheme still need to be confirmed and taken through appropriate governance channels for discussion. Improved system wide engagement via appropriate groups, committees and boards.	2	2	4	Charlotte Booth
Children, Young People and Families															
7.1 One System Approach - Early Help Locality Teams															

			Current									Target			
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Early Help Locality Recruitment	There is a risk that failure to recruit to Mental Health Practitioners to the Early Help Locality teams will significantly impact upon the ability to early identify mental health needs and provide a holistic support offering	Kylie Thornton	4	4	16	Recruitment drives in place to recruit to advertised posts. Further discussions with provider around potential to second positions. Adverts advertised across a wide variety of recruitment mediums	Limited assurance that recruitment will be successful	Recruitment drives have been unsuccessful on a number of occasions.	x3 rounds of recruitment drives have taken place without successful applicants	Limited	Posts to be re-advertised for a 4th round of advertisement - updates to be provided via thematic reports and highlight reports.	3	3	9	Karen Kenton