

Leicester City Integrated Systems of Care Programme Risk Register (2017/18)																							
Risk Reference / ID	Risk Description	Date raised (month and year) and by Whom (full name)	Risk Category (			Cross Reference to Directorate Objectives, Corporate Objective, Issues Log	Risk Appraisal (Impact x Likelihood)	Gross / Inherent			Existing Controls in place	Sources of Assurance on Controls	Net / Residual			Gaps in control	Gaps in Assurance	Actions required to treat risk (e.g. avoid, reduce, transfer or accept) and / or identify assurance(s)	Lead officer / owner and timescale for completion	Escalate to BAF via Corporate Risk Report (Y / N and date)	Review date	Comments	Risk closed (date and by whom)
			Clinical	Organisational	Financial			Impact	Likelihood	Overall Score			Impact	Likelihood	Overall Score								
BCF1	Failure of the Leicester City Better Care Fund schemes to deliver the required activity and financial assumptions which will significantly impact the CCG's financial position as finance plan includes significant QIPP against the BCF schemes	Rachna Vyas (refreshed Mar 17)		✓	✓		12	4	3	12	Daily, weekly & monthly monitoring has been set up, with a report to the Finance & Performance Committee monthly as well as the ISOC monthly.  Explicit agreement will be made with providers regarding the expected impact (activity and finance) of this programme.	Provider Contracts  Daily/weekly/monthly activity and finance monitoring  Report to ISOC governance structure monthly	4	2	8	None Identified	None Identified	None	Sarah Prema	No	Sep-17	Reviewed in June 17	Open
BCF2	Non delivery of the BCF plans will impact on the health economies ability to deliver the Better Care Together 5 Year Strategy/STP.	Rachna Vyas (refreshed Mar 17)	✓	✓	✓		8	4	2	8	The BCF now forms a workstream of the STP governance with regular reporting. BCF assumptions have been taken into account through the financial modelling for the STP plan	STP delivery group meeting notes.  STP Governance  ISOC update reports sent monthly to STP team	3	2	6	None Identified	None Identified	None	Sarah Prema	No	Sep-17	Reviewed in June 17	Open
BCF 3	Insufficient alignment with LLR 5 Year Strategy/STP, vanguard and BCF's across Leicester County and Rutland leading to duplication of effort, unclear impact on providers and compromised sign off by NHS E	Rachna Vyas (refreshed Mar 17)			✓		9	3	3	9	The BCF now forms a workstream of the STP governance with regular reporting. BCF assumptions have been taken into account through the financial modelling for the STP plan	STP delivery group meeting notes.  STP Governance  ISOC update reports sent monthly to STP team	3	2	6	None Identified	None Identified	None	Sarah Prema	No	Sep-17	Reviewed in June 17	Open
BCF 4	Lack of engagement at an operational clinical level will result in sub optimum embedding of the programme across the health and social care economy	Rachna Vyas (refreshed Mar 17)	✓	✓			16	4	4	16	CCG GP leads will chair key delivery groups, with key clinicians from both acute and non-acute providers to ensure a clinically led process from the outset.  The ISOC will involve clinicians from all organisations from the outset to provide a clinically-credible model of care, including UHL, LPT, EMAS clinicians as well as Board GP's from the CCG.  Both PLT and HNN meetings now have a standing item on Integrated Locality Teams every month	Notes of ISOC  Notes of individual project groups  Finance & Performance reports  PLT presentations  Other provider presentations  Governing Body Minutes	3	3	9	None Identified	None Identified	None	Sarah Prema	No	Sep-17	Reviewed in June 17	Open
BCF7	Lack of integrated workforce plan across LLR will lead to poor and disjointed planning and implementation of BCF and therefore STP, impacting on quality of service and ability to mobilise	Rachna Vyas (refreshed Mar 17)	✓	✓	✓		12	4	3	12	This BCF is linked into the STP/BCT programme structure and forms part of the overall Programme, linking into the LLR Workforce task and finish group.	ISOC notess  BCT Workforce group minutes & CCG representation	3	3	9	None Identified		A Workforce Development plan will be developed by the T&F group to respond to the medium term need. This will be bought to ISOC when complete	Sarah Prema	No	Sep-17	Reviewed in June 17	Open
BCF 8	Increased activity in the urgent care system will impact on the activity/finance assumptions in the plan and will mean that benefits at commissioner or provider level will not be realised	Rachna Vyas (refreshed Mar 17)	✓		✓		20	5	4	20	ISOC will work in partnership with both Better Care Together/STP and A & E Delivery Board to ensure delivery of this programme.	BCT agreement, principles and vision  BCF contracts and activity plans  LLR Chief Officers Group minutes  Urgent Care Working Group minutes	4	3	12	None Identified	None Identified		Sue Lock	Sarah Prema	Sep-17	Reviewed in June 17	Reviewed in March 17

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BCF 9	The Care Act which received Royal Assent in May 2014 will result in a significant increase in the cost of care provision over and above the finding that will be received. This will impact on the sustainability of current social care funding.	Ruth Lake (April 2015)		✓	✓		16	4	4	16	The BCF governance structure and CCG GB have approved the current BCF Plan. Any further risk identified will be presented to the Joint Integrated Commissioning Board for assessment  Regular updates are now alsos provided to the UHL Executive Strategy Board and the LPT exec team.	Joint Integrated Commissioning Board minutes  ISOC notes  Presentations to CCG GB, UHL and LPT on file	4	3	12	None Identified	None Identified	Further analysis of this in partnership with the Acute contracts tean will fully outline the risks to this programme through 2017/18.	Stephen Forbes	No	Mar-17	Recommend for closure as no longer applicable	Close March 2017
BCF11	The organisational change required to shift the working culture of both health and social care towards a more integrated way of working (to deliver the STP ask of Integrated Locality Teams) is substantial. It will require a long-term programme of engagement and change management – including potential programme of team location moves for co-location. Failure to engage staff in the cultural and operational changes involved in delivering more integrated care will threaten success of the pathway	R. Lake (Refreshed March 2017)		✓			12	4	3	12	Full communications and engagement plans, including staff engagement, are now in place and being implemented.  Process has been co-designed with staff groups across LA, CCG, GP, UHL and LPT.	Comms and engagement Mobilisation Plans	4	2	8	None Identified	None Identified	None	R. Lake	No	Sep-17	Reviewed in June 17	Open
BCF 12	May be difficult to demonstrate the benefits of the pathway as data may not currently be collected or may be difficult to link between organisations	Rachna Vyas (refreshed Mar 17)		✓	✓		16	4	4	16	Establishing a credible and relevant data set will be one of the key areas of development - a reporting mechanism has been set up and is monitored monthly at ISOC and quarterly at CCC and JICB.	Performance reports presented at CCG Finance & Performance Committee N27  BCF progress reports  JICB	2	3	6	None Identified	Academic evaluation not in place - current evaluation is based on retrospective clinical audit via CCG Board GP's in the main.	ISOC exploring (in partnership with Leics CC and STP partners) whether to commission a formal evaluation through Leicester University.	Sarah Prema	No	Sep-17	Reviewed in June 17	Open
BCF 13	Requirement of a signed paper copy of the Section 75 unavailable	Sarah Ferrin (01.02.16)		✓	✓		16	4	4	16	JICB and HWB to formally receive a copy	JICB minutes	0	0	0	None Identified	Paper copy printed and signed in February 2016	Sarah Ferrin	No	Oct-16	CLOSED	CLOSED	