

Primary & Urgent Care Risk Report

Reference:	P - 16/044
Entry Date:	Jul-16
Review Date:	18/12/2017
Risk Status:	Accepted

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	4	8

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	Patrick Mulcahy, Associate Director of Urgent Care
Overseeing Committee:	Local Delivery Board
Risk Source:	

Risk Description (including the effect if the risk):
Urgent care system pressures threaten delivery of constitutional targets for 4hr ED performance, impacting on timely treatment for patients and poorer outcomes. Corresponding impact on Primary Care. Additional staffing issues in GWH ED indicate patient experience and safety cannot be assured.

Existing Controls / Assurance:
STP Winter Resilience Plan (including Flu Plan) submitted and ongoing assurance process NHSE/NHSI
Monthly Local A&E Delivery Boards (previously System Resilience Groups) (Wiltshire for SFT, Bath and North East Somerset for RUH and Swindon for GWH) examining strategic level actions and assurance - responsible for ED performance over winter
South system facing - weekly Senior Decision Makers meeting at SFT: developing map of capacity and additional coming on line: developing daily capture tool for capacity
ORCP funding targeted to manage patient flow through the hospital to assist A&E target delivery;
Monthly contract performance review meetings and routine performance management arrangements.
Daily and weekly reports and dashboards on acute performance.
Group Urgent Care Networks.
Quality and Safeguarding Reporting.
Strategic conference calls as required. System wide escalation process in place - now reflecting new national guidance.

Actions required to mitigate risk: Agreed escalation process in place with CCG support x 3 acutes as required.	Due Date	Progress against actions: Winter Resilience Plan v9 submitted and received NHSE/NHSI ongoing assurance responses Weekly Winter Planning leads call (all commissioners and providers across STP) South System focus on weekly Senior Decision Makers meeting; capacity mapping: daily capture tool for WHC, Medvivo, Wiltshire Council, Care Homes Discharge / Break the System event planned 14th November at SFT OPEL response and escalation reporting to NHSE on variation of status at OPEL 3 and 4 in place Monitoring of Trust and system OPEL status in place and escalation processes enacted as necessary Monitoring of DTOC position in place with supportive action planning in place to assist patient flow
--	-----------------	---

Position on previous Governing Body report:	3
Suggested position for next Governing Body report:	1 (Joint)

Primary & Urgent Care Risk Report

Reference:	P - 17/046
Entry Date:	29/08/2017
Review Date:	14/12/2017
Risk Status:	Action Required

<p>Risk Rating Abbreviations</p> <p>L - Likelihood C - Consequence T - Total</p>	<p>Movement Symbols</p> <p>These are contained within the movement drop down list.</p> <p>↔ - No change ↗ - Increase ↘ - Decrease</p>
---	--

<p>Risk Rating</p> <p>Refer to risk matrix tab when recording Likelihood and Consequence scores.</p>

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	3	6

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	Tracey Strachan, Deputy Director of Primary Care
Overseeing Committee:	Clinical Executive/PCJCC
Risk Source:	Operational Risk

Risk Description (including the effect if the risk):
 Vulnerability of practices - increasing numbers of practices under pressure from vacancies and sickness and unable to recruit. Risk to quality of service to patients and patient safety. Risk of increased activity in secondary care in both planned and urgent care services as knock on effect of use of locums and patient access difficulties. Continued recruitment issues or withdrawal of CCG support could cause practices to give notice on their contracts. CCG responsibility to ensure services available to patients and may need to tender new contracts and potentially contract for interim cover.

Existing Controls / Assurance:
 CCG working with LMC and individual practices to support.
 Locality plans being developed and proposal for increased project management in localities being drawn up.
 Regular review of impact of resilience work in practices.
 Monthly GPFV/GP Resilience board. Resilience Oversight Panel being developed.
 Support for practice mergers where agreed.
 Governing Body approved release of £200k GMS reserves to support resilience programme.

<p>Actions required to mitigate risk:</p> <p>Continuous assessment of practice risk. Continued support as per agreed principles. Development of exit strategy for support - including alternative provision. Development of county wide provider organisation and potential risk sharing. Continued and enhanced support to locality working.</p>	<p>Due Date</p> <p>31/12/2017</p>	<p>Progress against actions:</p> <p>Ongoing GPFV/resilience meetings. Developing agreements to match fund project management at locality level. Practice provider organisation being developed. Update Paper taken to Governing Body September 2017 and approval for funding from GMS Reserves for 17/18 LMC and CSCSU processed being incorporated in new roadmap and proposal for new governance process</p>
--	--	---

Position on previous Governing Body report:	2
Suggested position for next Governing Body report:	1 (Joint)

Community, MH and LD Risk Report

Reference:	CJ - 16/042
Entry Date:	16/04/2013
Review Date:	18/12/2017
Risk Status:	Action Required

Risk Rating Abbreviations	Movement Symbols
L - Likelihood C - Consequence T - Total	These are contained within the movement drop down list. ó - No change ñ - Increase ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
5	4	20		4	4	16	↓		2	4	8	

Executive Lead:	Ted Wilson, Director of Community Services & Joint Commissioning
Operational Lead:	Georgina Ruddle, Joint Commissioner
Overseeing Committee:	Clinical executive
Risk Source:	Performance Meetings - W - 13/011

Risk Description (including the effect if the risk):
There is a risk that - the ability of AWP to delivery effective, safe, quality MH services is impacted by their current poor workforce recruitment position. Staff turn over rate is 13% - which is a slightly improved position from the last 3 months. Vacancy rate is 19% (Trust average 15%) which has also improved in the last 3 months from 22%. Fill rate (inclusive of bank and agency) 98%.

Existing Controls / Assurance:
 Wiltshire Focus Recruitment and Retention Improvement Plan (reviewed through monthly Local CQPM);
 Local CQPM Contract Governance Structure;
 AWP Wiltshire establishment monthly report - now presented as a section within the monthly performance report, with less detail provided.
 Local face to face meetings with qulaity and performance reps to discuss workforce situation, progress, impacts and actions

Actions required to mitigate risk:	Due Date	Progress against actions:
Continued monitoring of the workforce position with honest discussions about how it can be improved and supported to be improved.	Ongoing	<p>November: workforce report provided at CQRM and discussed. Positive progress in recruitment as the real vacancy figure has reduced from 22% in Aug to 19% in October and turnover is remaining steady at 13% reduced from 14%. Wiltshire still has the highest vacancy rate but is the only CCG where there has been a consistent improvement in the last three months.</p> <p>October: Workforce strategy group has been discontinued by AWP, no clarity as to whether this will recommence. Reported that internal working groups remain in place. Review of R&R through monthly local and Trustwide CQPMs.</p> <p>The Workforce Strategy Group agreed to focus on 3 work streams: Workforce; Recruitment; Talent Management and a plan was developed to encompass these workstreams. Wiltshire CCG now receive a robust monthly Wiltshire AWP establishment report and an update of their recruitment and retention progress. It was decided during Oct AWP CQRM pre-meet that it would be more beneficial to have commissioning attendance of the Trustwide Workforce strategy meeting to ensure there is a direct forum to feedback or escalate workforce issues to AWP executive team, and promote the need to address Wiltshire workforce issues to the Trust. This is now in place with an MH Commissioner attending the monthly meeting.</p> <p>August CQPM: The vacancy level for substantive staff in month 3 was 23.3% [128.66wte], an improvement over month 2. Fixed term contracted temporary staff reduce this vacancy factor to 12%. Use of ad-hoc temporary staff shows a total level of staffing at 93%</p> <p>Current recruitment activity shows that Wiltshire has 86.63 WTE posts currently in progress within the recruitment process. We have offered posts to 45.4 WTE, 24.5 WTE of whom are external candidates to AWP. 26 of these people have had start dates to commence work with Wiltshire services on or before the 31 July 2017, there are another 19.6 WTE who are still in the pre-employment checks part of the process so no start date has yet been given.</p>

Position on previous Governing Body report:	1
Suggested position for next Governing Body report:	3

Acute Commissioning Risk Report

Reference:	A-15/062
Entry Date:	Jun-16
Review Date:	22/12/2017
Risk Status:	Action Required

Risk Rating Abbreviations L - Likelihood C - Consequence T - Total	Movement Symbols These are contained within the movement drop down list. ô - No change ñ - Increase õ - Decrease
--	---

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	5	4	20		4	4	16	↔		3	2	6

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Andy Jennings, Head of Acute Commissioning
Overseeing Committee:	
Risk Source:	

Risk Description (including the effect if the risk):
There is a risk that continuity challenges around the delivery of Patient Transport Services may impact on both hospital flow and directly on PTS.

Existing Controls / Assurance:
Monthly performance Data.
Contract Key Performance Indicators
Feedback from Trust at TWGs

Actions required to mitigate risk: - Improved system effectiveness between Arriva Transport Solutions Ltd (ATSL) and trusts. - Additional funding required to at least maintain current performance and prevent deterioration. - CCGs working pan SW to develop common, revised, eligibility criteria and process. Expected to reduce total demand slightly, once implemented. - CCGs working pan SW to develop common patient eligibility assessment using Somerset CSU instead of, in our case, the PTS provider. Expected to lead to slight reduction in demand. - B&W CCGs co-sponsoring a project at RUH to record all on-day activity whether PTS contract or other, to identify full picture of need, and jointly consider with RUH possible better way to deliver this activity - potentially reducing impact of on-day activity on PTS service.	Due Date 31/01/2018	Progress against actions: - CCG committed additional £369K p.a. from 13 Feb 17. - CCG committed funding for additional discharge support vehicle at each trust from 6 Dec to 31 Mar. - Trusts continue to be engaged with to improve system efficiency - ATSL continue to be engaged with to improve system efficiency. - Further service improvements/efficiencies are being pursued vigorously by commissioner leads. - Progress has been very limited to date, although now receiving increased focus. - B&W CCGs pursuing an option to pilot a revised arrangement at RUH for on-day PTS activity seeking to improve pre-booked performance. - CCG and PTS provider meeting has been held with WCC to identify any opportunities for collaborative working to support improved performance of PTS service. - An element of SFT ORCP funding is being used to provide additional PTS support in the Salisbury area.
---	-------------------------------	--

Position on previous Governing Body report:	4
Suggested position for next Governing Body report:	4

Corporate Services Risk Report

Reference:	C - 14/038
Entry Date:	23/02/2015
Review Date:	18/12/2017
Risk Status:	Action Required

Risk Rating Abbreviations L - Likelihood C - Consequence T - Total	Movement Symbols These are contained within the movement drop down list. ó - No change ñ - Increase ò - Decrease
---	--

Risk Rating Refer to risk matrix tab when recording Likelihood and Consequence scores.
--

Executive Lead:	Mark Harris, Chief Operating Officer
Operational Lead:	Jenny Hair, Workforce Lead
Overseeing Committee:	EMT
Risk Source:	Audit of workforce capacity across Health & Social Care system

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	3	6

Risk Description (including the effect if the risk):
 Lack of appropriately skilled staff across the health and social care system due to difficulties in recruitment, national staff shortages, transformation of model of care and competitive local market. This could result in the system being unable to cope with demand for services impacting on patient flow and the provision of safe high quality care both now and in the future.

Existing Controls:

- Each organisation monitoring key workforce gaps and taking remedial action eg overseas recruitment. System wide workforce capacity audit undertaken Feb 15 and May 16 and Nov 17. Patient outcomes in terms of quality and patient flow data collected and monitored by system, BCP dashboard.
- Health Education England workforce planning;
- Gap analysis;
- UWE courses for community and primary care staff in place.
- Workforce Action Group (WAG) commenced September 2015 (every month) looking at operational collaborative solutions concentrating on efficiency, learning & development and recruitment.
- Strengthened links with HESW and HEW including attendance at their Membership Council.
- STP Workforce workstream one of key enablers.
- Community Education Provider Network developing.
- Outline Wiltshire Workforce Strategy 2016/17 in place.

Actions required to mitigate risk:	Due Date	Progress against actions:
A: Wiltshire Workforce Action Group 1. Promote and advertise Proud to Care Wiltshire website 2. Develop resources to use at a 'Proud to Care Wiltshire' stall at careers/recruitment events 3. Increasing number of iCare ambassadors 4. Share list of known recruitment/career fairs in schools and develop system to coordinate attendance 5. Promote free high quality Care Certificate resources and encourage collaboration on peer to peer review to enhance portability	A1. 31/3/18 A2. 31/12/17 A3. 31/3/18 A4. 31/12/17 A5. 31/3/18	CEPN Steering Group established. Meeting monthly since Aug 16. Project manager commenced May 17, workplan in place. Focus on training and development of existing practice staff promoted via news sheet. CEPN about to recruit education facilitators to build additional student capacity in Primary Care. Recruitment website procurement underway. Wiltshire WAG Developed a shared coaching register. Now working on promoting care certificate and passport pan-Wiltshire, shared recruitment/career fair resources and linking with 'Proud to Care' local authority recruitment initiative. Wiltshire recruitment promotion website established called 'Proud to Care Wiltshire'. More engagement with voluntary sector on training and development opportunities.
B: Strategic Workforce Actions 1. Report on work of Domiciliary Care recruitment and retention task and finish group 2. Engage with representatives of main provider organisations to develop further a Wiltshire Workforce Strategy by February JCB	B1. 30/12/17 B2. 22/02/18	STP All workforce actions described above are consistent with STP workforce strategy, which is being developed and planned at present. Apprenticeship project manager appointed and network already undertaking joint procurement of education providers and engagement with all employers.
C: Wiltshire CEPN 1. Develop a Wiltshire Primary Care recruitment website 2. With BaNES and Swindon CEPN, recruit 2 part time education facilitators to focus on developing more student placements in primary care	C1. 31/3/18 C2. 31/12/17	Refer Care Plan

<p>more student placements in primary care</p> <ol style="list-style-type: none"> 3. Encourage and coordinate take-up of allocation of HEE funded UWE training modules 4. Develop and pilot process to facilitate local workforce plans in primary care 5. Promote new roles in primary care such as Physicians Associates 6. Establish and develop primary care nursing forum <p>D: BSW STP initiatives</p> <ol style="list-style-type: none"> 1. Draft STP workforce action plan developed. 2. Develop the established Apprentice Leads network to promote, share information and develop high quality apprenticeships across health and care organisations 2. Support smaller organisations such as GP Practices and Care homes to develop apprenticeship roles as a means of attracting and developing staff 3. Develop a staff health and wellbeing strategy and network to share and encourage best practice 4. Review Make Every Contact Count (MECC) training being delivered across health and care organisations in the STP 5. Meet Learning & Development Leads to develop training implementation plan 6. Workforce bids for HEE funding being developed 7. Delivery of HEE funded non medical education modules with University of West England (UWE) allocated to providers 	<p>C3. 31/3/18 C4. 31/3/18 C5. 31/3/18 C6. 31/3/18</p> <p>D1. Jan'18 D2. 31/7/18 D2. 31/7/18 D3. 31/7/18 D4. 31/3/18 D5. 31/3/18 D6. 31/3/18 D7. 31/7/18</p>	<p>Better Care Plan</p> <p>Programme of training for rehabilitation skills and health coaching delivered and more planned.</p>
--	---	---

Position on previous Governing Body report:	5
Suggested position for next Governing Body report:	5

Community, MH and LD Risk Report

Reference:	CJ-17/051
Entry Date:	20/10/2017
Review Date:	18/12/2017
Risk Status:	Action Required

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
↔ - No change
↗ - Increase
↘ - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	4	4	16

Current Score	L	C	T	M
	4	4	16	↔

Target Score	L	C	T
	2	4	8

Executive Lead:	Ted Wilson
Operational Lead:	Georgina Ruddle
Overseeing Committee:	Mental Health and Disabilities JCB
Risk Source:	

Risk Description (including the effect if the risk):
There is a risk that - A lack of consistent and therefore quorate Mental Health GP Lead review and representation at the MH Exceptions Panel is causing MH exceptions referrals to breach the 40 day review period leaving the CCG liable and vulnerable to challenge by the referring GP and/or the patients referred. For cases where the exceptions request has been declined this could result in the decision being changed and therefore additional costs to be incurred by the CCG. There is also a significant reputational damage risk should this failure result in an external complaint which has the potential to be significantly escalated. This results in numerous attempts by the Commissioning lead to seek a review response electronically by MH GP Leads. There is also a risk that the current Exceptions Panel process for MH cases is not configured to achieve the desired outcome.

Existing Controls / Assurance:
 Continue to request timely clinical lead input from a range of clinical leads
 Continue to try to schedule exceptions meetings to suit a range of clinical leads diaries and schedules
 Attempts to arrange for virtual submissions

Actions required to mitigate risk: Recognition by clinical leads of the importance of responding to requests for clinical input to exceptions Clarity required of the expectations of clinical leads in their clinical lead role. Review the Exceptions process to ensure it is fit for purpose to deliver the desired outcome	Due Date Oct 17 Ongoing Ongoing	Progress against actions: Escalated to EMT through Director - This is being managed at EMT and Exec level This is being managed by the executive An initial meeting in early Dec identifies process areas for improvement but recognised that the process lacks resilience. MH commissioning team are work to improve resilience from a commissioner perspective. There are ongoing discussions on how the lack of resilience in terms of clinical input can be addressed.
--	---	--

Position on previous Governing Body report:	7
Suggested position for next Governing Body report:	6

Community, MH and LD Risk Report

Reference:	CJ-17/050
Entry Date:	24/10/2017
Review Date:	18/12/2017
Risk Status:	Action Required

Risk Rating Abbreviations L - Likelihood C - Consequence T - Total	Movement Symbols These are contained within the movement drop down list. ó - No change ñ - Increase ò - Decrease
---	--

Risk Rating Refer to risk matrix tab when recording Likelihood and Consequence scores.
--

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	5	15		3	5	15	↔		1	5	5

Executive Lead:	Ted Wilson
Operational Lead:	Myfanwy Champness
Overseeing Committee:	EMT
Risk Source:	Audit Report

Risk Description (including the effect if the risk):
There is a risk that -The lack of compliance with the Children's CHC national framework and process for families, providers and commissioners to follow at key stages in the process such as referral, assessment, decision making around eligibility and establishment of care packages could adversely affect patient outcomes and the CCGs reputation. CCG is failing in its responsibility to commission and oversee packages of 'continuing care' to meet the needs of its patients. Should a commissioned package of care not meet a patient's needs and this impacts on the safety or wellbeing of the patient, the CCG would be responsible and accountable. Delegation of assessment to the provider has resulted in an unacceptable degree of 'distance' between commissioners and the packages of care which are ongoing and any new referrals coming in.

Existing Controls / Assurance:
 Existing referral for CHC is going through the adult CHC process until an appropriate children's governance structure can be established. An options paper has been produced to consider ways in which the CCG might respond to this risk and develop a compliant children's CHC commissioning model in the future.

Actions required to mitigate risk:	Due Date	Progress against actions:
CHC to review existing packages of care to ensure that they are appropriate and that the CCG has the necessary oversight to assure itself that patients are receiving care of the correct standard.	Jan 18	
Process and care package documentation to be developed which is compliant with the continuing care framework.	Ongoing	Dependent on recruitment of additional staff to manage children's CHC
CCG to recruit to the children's nurse assessor role and associated admin support role as previously agreed in the options paper.	Ongoing	Lead for recruitment to be agreed

Position on previous Governing Body report:	8
Suggested position for next Governing Body report:	7

Acute Commissioning Risk Report

Reference:	A-17/070
Entry Date:	Jun-17
Review Date:	22/12/2017
Risk Status:	Accepted

Risk Rating Abbreviations L - Likelihood C - Consequence T - Total	Movement Symbols These are contained within the movement drop down list. ó - No change ñ - Increase ò - Decrease
--	---

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		3	4	12	↔		2	2	4

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Andy Jennings, Head of Acute Commissioning
Overseeing Committee:	RTT Steering Boards and CRM
Risk Source:	

Risk Description (including the effect if the risk):
The CCG will not deliver the constitutional cancer targets - particularly 62 days which may impact on patient pathways.

Existing Controls / Assurance:
Performance monitoring via RTT delivery and steering groups escalated to CRMs as required.
 - GWH remedial action plan.
 - RUH remedial action plan.
 - Performance review at contract review meetings.
 - Additional funding confirmed for GWH and SFT to support 62 recovery through to 31.10.17.

Actions required to mitigate risk: Deliver actions detailed in agreed Trust remedial action plans including 62 day plans.	Due Date: 31/01/18	Progress against actions: Remedial action plans monitored monthly. CCG currently (Oct 17) achieving all cancer targets except: - 31 day surgery and breaches, all at tertiary providers. - 62 Day - 17 breaches (8.5 at SFT, 8.5 at Tertiary providers). A condition attached to access to cancer transformation funding is that 62day performance is achieved for plans are in place to ensure it is achieved. SFT and RUH performance on trajectory. Focus remains around 62 day increasing at GWH. To be monitored at elective care steering group.
---	------------------------------	---

Position on previous Governing Body report:	9
Suggested position for next Governing Body report:	8

Acute Commissioning Risk Report

Reference:	A - 15/034
Entry Date:	
Review Date:	18/12/2017
Risk Status:	Action Required

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
◊ - No change
↗ - Increase
↘ - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	4	12		3	4	12	↔				

Executive Lead:	Lucy Baker, Acting Director of Acute Commissioning
Operational Lead:	Lucy Baker, Acting Director of Acute Commissioning
Overseeing Committee:	EMT
Risk Source:	

Risk Description (including the effect if the risk):
Service provision for PPCI and acute stroke services may be restructured impacting on the population of Wiltshire following a network review.

Existing Controls / Assurance:
Attendance at network meetings to understand proposal and impact.

Actions required to mitigate risk: Discussions with acute providers to confirm impact and plans following network options appraisal.	Due Date: 31/01/2018	Progress against actions: 1. Submissions to network review by CCG and providers. 2. STP clinical leadership group to action.
--	--------------------------------	---

Position on previous Governing Body report:	Not on report
Suggested position for next Governing Body report:	9

Community Joint Specialist Risk Report

Reference:	CJ - 17/052	New	Risk Rating Abbreviations L - Likelihood C - Consequence T - Total	Movement Symbols These are contained within the movement drop down list. ó - No change ñ - Increase ò - Decrease
Entry Date:	07/12/2017			
Review Date:	18/12/2017			
Risk Status:	Action Required			
Executive Lead:	Ted Wilson			
Operational Lead:	Myfanwy Champness			
Overseeing Committee:	EMT			
Risk Source:	Strategic meeting			

Risk Rating												
Refer to risk matrix tab when recording Likelihood and Consequence scores.												
Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	4	12		3	4	12			1	4	4

Risk Description (including the effect if the risk):

There is a risk that - (1) the ongoing vacancy factor within Virgin Care community paediatricians, and their reliance on locum staffing, is impacting on the ability of the service to manage ongoing caseloads. Patient care could be affected through long waiting times and staff morale is being impacted. Should this situation deteriorate further there is a risk that existing consultants may leave, thereby further deteriorating the services already limited capacity to cope with demand. **(2)** These issues are being compounded by the significant change that this staff group is experiencing as a result of Virgin Care's transformation plan which has seen staff move into central hubs and transfer from paper to electronic notes. Feedback from the provider is that the consultant body has found the transformation plan particularly challenging and commissioners are concerned about the long term impact that this significant change programme may have on the morale of an already depleted workforce. Risk is therefore in 2 areas - (1) current vacancy/recruitment situation and (2) the impact of the transformation work on the consultant body.

Existing Controls / Assurance:

(1) Provider is actively recruiting however there is a national shortage of community paediatricians and have failed to recruit on previous attempts
 Vacancies are being covered with agency locum
 Performance against waiting times for new and follow up cohorts continue to be monitored
(2) Virgin have a team of floor walkers to support with IT issues

Actions required to mitigate risk:

Virgin Care to implement its recruitment programme

Commissioners to monitor closely the recruitment situation. If it deteriorates to the point where services are negatively impacted, to instigate a meeting to discuss urgent actions.

Provider are reviewing pathways to see which patient groups might be able to be moved out of consultant-led services to manage capacity in challenged areas

Commissioners to ensure that Virgin are aware of the impact of their transformation work on the consultant body and seek assurances through the contract governance process that they (Virgin) are managing and mitigating this.

Due Date

Jan 18

To be agreed

Ongoing

Ongoing

Progress against actions:

One new paediatrician recruited to start in February (one remaining vacancy)

Monitor recruitment position. Virgin requested to submit recruitment action plan and interim mitigating actions

Virgin have reported progress with this.

Virgin have been asked to present progress against the transformation programme at the next contract meeting in Jan 18

Position on previous Governing Body report:

Not on report

Suggested position for next Governing Body report:

10