

Risks

No	Risk	Mitigating action
1	Efficiencies of call volumes may not be realised due to the proposed geographical coverage of the telephony service.	Current data available from NHS 111 will be reviewed to understand call volumes that can be expected to be received by the new service. Based on current conversion rates estimates will be applied to the model to understand how calls may be triaged to support workforce modelling within the ICAS. It has been agreed that procurement of this element of the service will be undertaken in collaboration with West Kent, Swale and Dartford, Gravesham and Swanley CCGs.
2	Procurement of a telephony service that includes elements of contracts currently contained within existing OOHs contract may result in incumbent providers left to manage face-to-face contacts introducing sustainability risks. In Medway a number of additional support pathways have been commissioned within the OOHs MedOCC contract in response to the urgent care needs of residents in Medway, some of which are provided during 'core hours' as well as OOHs.	Data available from NHS 111 and MedOCC, the current provider of OOHs and GP Speak to services, will be reviewed to understand the impact of the removal of GP Speak to and other telephony support services on the OOHs contract. As the ICAS is developed these pathways will require consideration to determine where they are best placed within the wider urgent care model.
3	Procurement challenge regarding the 12 month extension of existing contracts to align with the revised timescale of April 2019.	Contract advice will be sought and full equality impact assessments undertaken as part of the programme regarding any proposed extension within the allowable extension term set within a contract, to allow continuity of service.
4	There is a risk attached to having both the telephony and face to face components of the model go live at the same time, 1 st April 2019.	CCG will undertake a full risk/benefits analysis as the programme develops, taking into consideration the staggering of go live dates within the deadlines agreed for Integrated Urgent Care.
5	MedOCC host and administer the palliative care line and management of My Wishes, and manage the DVT and cellulitis pathways. As MedOCC is included within the scope of the urgent care redesign there is a risk to the pathway if the two elements of the service are not appropriately considered in each re-procurement.	Consideration to be given as to whether these elements are included in community service re-procurement.
6	Both the Medway Community Services re-procurement and the North Kent urgent care re-procurement are working to go live dates of April 2019, which could be a risk.	Risk resolved – Medway Community Services Re-procurement go live April 2020.
7	In running two redesign programmes, Urgent Care Redesign and Community Redesign, to the deadline of 1st April 2019, means that a number of new services will be launched on this date which could pose risk across the system if not managed appropriately.	However, the Urgent Care and Community Redesign programme leads will work in close conjunction with one another to ensure that appropriate measures are in place to manage any risks identified in the development of the programmes.
8	Delivery of planned go live date for the service: Implication of the potential delay to go live of the new service based on the pause in consultation activities due to purdah.	Review of timeline to be undertaken to identify the likely impact, including on existing contracts, and identify potential milestones which may be revised to minimise this impact. Impact on project plan milestones to be discussed by Steering Group mid-May 2017.