CCG Strategic Risk Report Primary Care Commissoning Committee December 2017

| Strategic ID | Risk Description | Current risk rating | Previous risk rating | Initial risk rating | Key controls | Internal assurances | External assurances | Details of gaps in controls | Details of gaps in assurances | Progress | Review date | Risk Owner | Committee |
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| Ensure that patient and public views contribute to the integrated commissioning process through a rolling programme of engagement | There is significant patient and public opposition to plans for the development of new models of care including primary care at scale. | | High Risk 12 | High Risk 12 | Development of a Communications and Engagement plan for the CCG Primary Care Blueprint. | Reports to the Communications and Engagement sub-group and the Primary Care Joint Commissioning Committee. | Regular reports and consultation with the Hull City Council Health and Wellbeing Overview and Scrutiny Commission. | Adequate assurances in place. | Adequate assurances in place | 30/11/17 - Revised Communications and Engagement Plan in development. Radio campaign scheduled for new year to promote e consultation. Survey monkey planned to ascertain public views on extended access. 18/10/17 - PD Second My City My Health My Care newsletter developed in draft form. Presentation given to Health & Well Being Overview & Scrutiny Commission 13/10/17. CCG Comms & Engagement Lead (Digital Access) is to further promote the PPG Toolkit with practices for use with their PPGs. CCG to provide further support to practices and helir work with their PPGs. 10/08/17 - PD Work continuing with practices & patients regarding e-consult and patient online services. Where necessary practices undertaking consultation with patients regarding service changes and associated premises changes. Second My City My Health My Care Newsletter to be developed in September. | | | Primary Care Commissioning Committee |
| Develop Primary Gare at scale to improve sopulation outcomes in Hull | General practices do not come together at sufficient scale to meet the minimum suggested requirement of 30-50,000 patients as outlined in MCP guidance. | High Risk 12 | High Risk 12 | High Risk 12 | New Models of Care programme is addressing the need to develop primary care at scale including support packages for practices wishing to explore how they can work together. A Provider Forum has been established to support practices develop provider organisations at scale. Learning from Vanguard sites is shared with practices. | | Working to deliver the requirements and policy direction as set out in the General Practice Forward View (April 2016) and MCP emerging care model and contract framework (July 2016. | Adequate assurances in place. | Adequate assurances in place | PD - 30/11/17 - Confirmation received that 2 of 5 unaligned practices have now become part of a grouping. Of remaining 3, 2 understood to be close to becoming part of a grouping. PD - 18/10/17 - 5 Practice Groupings established each with over 30,000 patients. Meetings held with some of unaligned practices - 4 of which are having conversations with the 5 groupings. PD - 19/09/17 - Meeting dates in diaries for 5 practices currently unaligned. PD - 10/08/17 - 5 groupings remain - conversations to be had with 5 practices not aligned to any grouping. PD - 12/06/17 - Primary Care Transformation Funding proposals have been received from 5 groupings of practices as follows: Modality - 82k, Hull GP Collaborative - 67k, CHCP - 35k, Hull Health Forward - 48k and Meeticas - 41k. Currently only 5 practices (22k patients) and covered. | | | Primary Care Commissioning Committee |
| Develop Primary 901 Care at scale to improve population outcomes in Hull | Lack of capacity/capability within CCG to deliver Strategic Commissioning Plan for Primary Care | High Risk 12 | High Risk 12 | High Risk 12 | Additional CCG workforce to support primary care programme - Commissioning Lead - Primary Care, Director of New Models of Care. Establishment of Joint commissioning arrangements with NHS E. Potential support package for practice groupings identified through Primary Care Commissioning (PCC). | Commissioning & Partnerships, Resources and Quality Teams in the CCG. Establishment of Primary Care Joint Commissioning Committee. Development of New Models of Care | NHS E working relationships and Primary Care Joint Commissioning Committee | Adequate assurances in place. | Adequate assurances in place | PD - 30/11/17 - Integrated Delivery Support team have identified leads for each of Local Quality Premium scheme and other CCG support for practices. PD - 18/10/17 - Integrated Delivery Support Team meeting weekly, practice grouping meetings held with all 5 practice groupings and some of the 5 unaligned practices. PD - 19/09/17 - Meetings of Integrated Delivery Support Team and practice groupings scheduled - will cover how CCG central team can support grouping work. PD - 13/09/17 - Integrated Delivery Framework developed to support primary care practice groupings. PD - 12/09/17 - Model of support for primary care being developed as part of Integrated Delivery work programme. PD - 12/09/17 - Arrangements agreed with NHS E for support in delegated commissioning PD - 12/09/17 - Capacity of team to be reduced from April 2017 as Director of New Models of Care secondment ending - risk score increased to 12. Discussions on spoing regarding NHS England support for delegated commissioning arrangements. PD - 02/12/16 - Additional New Models of Care Team commissioning lead starting January 2017. Proposed for moving to delegated commissioning submitted with discussion taking place regarding NHS England support. PD - 13/10/2016 - New Models of Care work programme further developed. Recruitment to a 12 month Commissioning Leads post taken place. | | | Primary Care Commissioning Committee |

| Develop strategic workforce plan via Local Workforce Action Board | 902 | CCG practices unable to maintain a resilient primary care workforce | High Risk 12 | High Risk 12 | Extreme Risk 16 | Development of CCG primary care workforce strategy. Development of Strategic Commissioning Plan for Primary Care support to practice groupings for collaborative working to address workforce issues. Development of New Models of Care involving range of other job roles. Development of STP primary care workforce modelling as part of out of hospital care work-stream | Strategic Partnership Board to oversee out of hospital care work- stream. | External support for practice groupings to cover support for addressing workforce challenges | | Adequate assurances in place. | PD - 30/11/17 - GP International Recruitment programme progressing with advert spaced. Consideration being given to how GP Career Plus programme can be progressed - CGC Ghair convened meeting with NHS E, LMC, GP VTS. Further Clinical Pharmacist funding anticipated from NHS E scheme. PD - 18/10/17 - Transformation Fund proposals being implemented in 2 practice groupings, CCG working with 2 of the other groupings on outline proposals. NHS E resilience funds secured to support practices on a range of workforce issues. International GP Recruitment advert to be placed week of 16th October. PD - 19/09/17 - City wide social prescribing service formally launching w/c 2:50/917 - will place well Being (D cordinators in practices to support people with problems requiring non-medical solutions. PD - 10/08/17 - Primary Care Transformation Fund proposals being progressed by practice groupings. Partner agency identified to progress GP International Recruitment scheme in 5 of 6 STP CCGs. GP Career Plus scheme progressing, Dedicated CCG support for practice nursing in place PD - 12/06/17 - Primary Care Transformation Funding proposals involve practices working together at scale (creating resilience) and various workforce initiatives. Practice grouping submissions include proposal of progressing. | | Il Primary Care Commissioning Committee |
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| Any other risks | 925 | There is a successful cyber attack or other associated incident resulting in the failure of Ir Infrastructure used by Hull CCG, resulting in the inability to access key corporate systems and disruption on business. In this Scenario it is likely that other partners would be affected requiring direct action by the CCG. | J | High Risk 8 | High Risk 8 | are activate and up to date. Ensure that staff are aware of business continuity processes. Ensure that on-call staff are aware of clinical disruption process. Ensuring that existing mobile devices | Staff awareness of business continuity processes will reduce confusion and disruption during an incident, it would also to assist in reducing single points of failure. On-call staff knowing what to do in the event of clinical service disruption would reduce delay in formulating a plan. To ensure that secure communication channels are available, mobile devices eg. Jatopos and iPads should be accessible by staff at all times (not locked in drawers) to allow a rapid deployment at another safe site. | by eMBED are upto date then the risk of being attacked by known thesis is mitigated and the risk of new threats significantly reduced. | there are very little local controls that | are outside of our IT | JM 01.12.17 - Proactive Measures have been put in place. 1. A Humber-wide strategic level IT management/resilience group, with key responsibility for shared problem solving and cyber security. The group has led to agreement from all partners to the minimum security standards that everyone should be working to, the frequently of software updates and a consistent testing regime. 2. The establishment by the CCG of a secure communications channel between all Humber-wide NHS partners in recognition of the critical importance of timely and effective communications in the event of a major IT incident. This has been tested recently in a live example and worked well; and 3. All partners have also agreed in principle to the establishment of a hidden emergency network, which would be activated in the event of a major incident allowing all partners to have connectivity from partner's buildings without further assistance. This is now in the design stage. The emergency network would be secured for utilisation only in the event of a major incident allowing would be secured for utilisation only in the event of a major incident allowing without further assistance. This is now in the design stage. The emergency network would be secured for utilisation only in the event of a major incident allowing which would significantly enhance patch-wide contingencies. Reactive steps in the light of recent cyber-attacks: | 27/01/2017 Mitchell, John | Integrated Audit and Governance Committee, Primary Care Committee, Primary Care Committee Committee |

A comprehensive process is underway to ensure that all software and security hardware has been updated to the most appropriate version; and All local administration rights (for individual users) have been removed as this was found to be the cause of the last significant outherak. Alternative means to enable local installation of software are being considered in the event that there remains a compelling need for this – however this should only be the case in very exceptional circumstances and would be closely monitored.