

CCG Strategic Risk Report CCG Board Meeting - March 2018

Organisational Link	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
Any other risks	898	KE 12.12.17 If the CCG does not deliver the Implementation of Transforming Care Strategic Plan in line with the Transforming Care DoH 2012 guidance there may be an associated negative reputational impact.	High Risk 9	High Risk 9	High Risk 9	12.12.17 Refreshed KE Alignment of Plan with national strategic direction Regular and routine reporting to NHS England Systematic review of plan delivery on a regular basis	12.12.17 Refreshed KE Systematic review of delivery of plan in relation to agreed delivery targets to identify deviation and whether remedial action in place. Monthly updates are provided to Hull CCG Planning and Commissioning Committee. Update 8/6/2016 LD transforming care board established. Director of Integrated Commissioning a member of the Board. Update 27.10.17 Strategic focus continues to ensure systems and processes in place to address delivery of strategic plans around transforming care.	NHS England CTR Meetings	Adequate controls in place.	Adequate assurances in place.	KE Update 12.12.17 - Risk refreshed to further try and scope organisational aspects of the risk KE Update 27/10/17 - Risk reviewed to ensure clarity of strategic aspects of this risk. ED - 01/09/17 Specification developed ready for sign off through transforming care partnership to address the development of the new enhanced community services. KE Update 12/06/17 - Challenges within the system regarding community based support being actively addressed. Close monitoring of placements both within and outwith Hull's geographical boundaries continue. KE Update 15/03/17 - no change	28/02/2018	Daley, Erica	Planning and Commissioning Committee
Any other risks	925	There is a successful cyber attack or other associated incident resulting in the failure of IT 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.	High Risk 8	High Risk 8	High Risk 8	Seek Assurance from eMBED that Virus checkers and Systems patching 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 are accessible to staff went access to the building may be limited.	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 e.g. laptops and iPads should be accessible by staff at all times (not locked in drawers) to allow a rapid deployment at another safe site.	If Virus and Patching tools provided by eMBED are upto date then the risk of being attacked by known threats is mitigated and the risk of new threats significantly reduced.	If Cyber attack is on a national level, all NHS services maybe affected, there are very little local controls that can be put in place to stop this.  Arranging contingency plans with LA would at least provide a method of centralised comms.	National scale issues are outside of our IT suppliers control	JM 15.02.18 - A Humberwide Cyber Attack workshop has been organised for March, allowing for all partners to gain a better understanding of the implications of a cyber attack All IT leads have agreed minimum software patching standards Cross Partner Major Incident use Wifi is being designed eMBED have changed their Virus protection Product to better project user facing devices.	18/04/2018	Mitchell, John	Integrated Audit and Governance Committee, Primary Care Commissioning Committee
Ensure that patient and public views contribute to the integrated commissioning process through a rolling programme of engagement	915	There is significant patient and public opposition to plans for the development of new models of care including primary care at scale.	High Risk 8	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 controls in place.	Adequate assurances In place	07/02/18 - My City My Health My Care newsletter produced and circulated widely. Extended access survey live and received in excess of 700 responses to date. Revised Communications and Engagement Plan approved by PCCC at December meeting. Overview and Scrutiny Commission continue to be kept up to date with changes. Risk score adjusted to reflect mitigation and 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.	10/04/2018	Davis, Phil	Primary Care Commissioning Committee
Develop Primary Care at scale to improve population outcomes in Hull	901	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).	Working relationships between Commissioning & Partnerships, Resources and Quality Teams in the CCG. Establishment of Primary Care Joint Commissioning Committee. Development of New Models of Care Team	NHS E working relationships and Primary Care Joint Commissioning Committee	Adequate controls in place.	Adequate assurances In place	PD - 07/02/18 - Integrated Delivery Support Team continuing to meet weekly. Leads for each grouping identified in addition to leads for each Local Quality Premium scheme. Further CCG support for groupings identified. Each grouping has also identified named leads for CCG to work with. 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.	07/04/2018	Davis, Phil	Primary Care Commissioning Committee

Take a proactive role in the development of revised delivery plans for each of the cross cutting work streams within the Sustainability and Transformation Plan, leading to agreed plans across partners and regulators	926	Failure to achieve significant progress on actions related to the National Diabetes Transformation Funding, with potential threats to subsequent year's funding in such circumstances. Limited governance for the diabetes prevention programme (STP level)	High Risk 8	High Risk 8	High Risk 9	Local diabetes programme plan National diabetes transformation plan Three local transformation streams Digital Prevention Pilot plan National Diabetes prevention programme plan	Commissioning Manager leads the projects working with other CCGs and organisations within the STP area. All plans and monitoring are overseen by NHS England as well as reviewed at local Boards. CCG Programme Delivery Board Planned Care Delivery Group	Monthly progress submission and review against plan by NHS England	Senior Responsible Officer (SRO) to be confirmed for Diabetes Programme Board.  Support enacted by Embed for systems has not progressed. timeline is available.	Adequate assurances in place.	Milestone plans and memorandum of understanding for the diabetes transformational work have been agreed by NHS England. The first monitoring report was provided to NHS England in August and will be submitted on a monthly basis this is including key performance indicators which are currently under review. Further projects relating to diabetes prevention are progressing and the digital prevention pilot will begin in November 2017. The face to face diabetes prevention will be launched in 2018. These projects cover the whole of the STP including local authorities.	23/03/2018	Lynn, Kerry	Integrated Audit and Governance Committee, Planning and Commissioning Committee
Take a proactive role in the development of revised delivery plans for each of the cross cutting work streams within the Sustainability and Transformation Plan, leading to agreed plans across partners and regulators	923	The Clinical Commissioning Group (CCG) support services do not have effective Business Continuity Plans in place to support effective maintenance of CCG functions.	High Risk 9	High Risk 9	High Risk 9	Formal assurance process with regard to CCG support functions and scenario testing to include support services.	EPRR / BCM group work programme.	NHSE Self Declaration Compliance for 2017/18.	Adequate controls in place.	Adequate assurances in place.	21/02/18 - ML Teams requested to test BCM plans and develop as required. Arrangements tested as part of refurbishment of Wilberforce Court. 07/12/17 - ML Emergency Preparedness Resilience and Response/Business Continuity Management Plan approved at the IAGC in November 2017. Work on-going with teams to ensure effective Business Continuity Plans are in place. 26/10/17 - Reviewed Emergency Preparedness Resilience and Response/Business Continuity Management Plan to be submitted to the Integrated Audit and Governance Committee in November 2017. Each directorate updating individual BCM plans.	23/03/2018	Napier, Michael	Planning and Commissioning Committee
Take a proactive role in the development of revised delivery plans for each of the cross cutting work streams within the Sustainability and Transformation Plan, leading to agreed plans across partners and regulators	924	Lack of coordinated Emergency Preparedness Resilience and Response (EPRR)/ Business Continuity Management (BCM) systems across the Hull and East Riding Clinical Commissioning Group Health System (including senior manager on call).	High Risk 8	High Risk 8	High Risk 8	EPRR / BCM plan in place, mutual aid arrangements agreed, shared on call rota and coordination between Hull CCG and East Riding CCG, single on call file.	EPRR / BCM group work programme.	NHSE Self Declaration Compliance for 2017/18.	Refresh off on call file to be finalised.	Adequate assurances in place.	14.12.17 - ML Resilient Direct Workshop - Super User Role attended by CCG staff on 15.01.18. On Call Workshop arranged for 26.02.18 to be attended by on Call Directors. Work on-going to consolidate on call pack and procedures. 07.12.17 - ML Resilient Direct Administrator Workshop attended on 06.12.17, Super User Resilience Direct Training arranged for 15.01.18 and Joint on call Session to be arranged for Late January/Early February to look at further developing on call pack and coordinated EPRR/BCM systems across the CCG's. Future arrangements to include North Lincolnshire CCG.	16/03/2018	Napier, Michael	Planning and Commissioning Committee
Quality	919	The homecare market in Hull may be unable to deliver services to meet the needs of complex continuing healthcare (CHC) Service Users. There is a risk that the current lack of capacity in the homecare market may affect delayed transfers of care (DLOC) particularly over the winter months.	High Risk 12	High Risk 12	High Risk 12	Hull City Council are the lead commissioners for the homecare framework in Hull. Hull City Council provide an integrated commissioning and contracts monitoring unit to develop the market and provide quality assurance. CHCP CHC team provide quality monitoring of individual packages of care.	The Local Authority Quality and Contract Monitoring team undertake annual audits against the homecare contract and outcomes framework. In addition to this the team maintain a dashboard of evidence and undertake additional announced and un-announced visits as required. There is a multi-agency operational monthly meeting to monitor the market and quality monitoring activity undertaken. This includes representation from the CQC, Healthwatch, Safeguarding, NHS Community services, NHS-CHC, LA commissioning and CCG commissioning. This group reports to the Integrated quality board. The integrated quality board is chaired by the CCG medical director/PH consultant with representation from the Director of Adult Social Care and the Director of Quality and Clinical Governance/Executive nurse. The Board reports to the Quality and Performance committee on a quarterly basis.	Reported within HCC risk register. CQC reports regarding the quality assurance of care provided.	There is a lack of resources within the LA to monitor the providers and lead on quality improvement mechanisms. The existing framework requires review and operational issues are impacting the availability of care packages.	There is no formal integrated assurance process in place. Plans are advanced to establish an integrated quality board in December 2016 with reports to and from the Performance and Quality committee. The 3 largest providers in Hull have suspensions in place and are subject to CQC enforcement action.	07/12/17 - GE The home care providers have been given the additional 5%, we will await to see the impact. 18/09/2017 - GE Hull City Council have offered 5% additional resources to homecare providers to address recruitment and retention issues and increasing capacity in the market as a whole. Meeting arranged with CHCP to discuss end of like homecare 25 september. 11/07/2017 - GE Provider engagement events have been completed with the framework providers who have highlighted areas of concern with the contract and options to be considered. One area of concern being the use of non-contract/spot providers. It has been agreed that no new spot providers will be commissioned outside of the framework and a transfer mechanism to move these back to the framework. A specialised homecare service for NHS-CHC funded individuals to be explored and presented to planning and commissioning committee for consideration 1st September.	30/03/2018	Smyth, Mrs Sarah	Quality and Performance Committee

Quality	861	<p>There is a risk that Hull CCG Patients may undergo surgical procedures at the Hull &amp; East Yorkshire Hospitals NHS Trust that deliver sub optimal outcomes. Specifically wrong site surgery and retained foreign object post-operation which constitute NPSA "Never Events".</p> <p>The risk is caused by the lack of an effective surgical system to mitigate the risk of surgical never events specifically wrong site surgery and retained foreign object post-operation</p> <p>The effect (or consequence) may be</p> <ul style="list-style-type: none"> <li>o patient harm, the severity of which will vary according to each procedure</li> <li>o extended hospital stay</li> <li>o return to theatre (for removal of retained foreign object post- operation)</li> <li>o Adverse publicity for Hull CCG</li> <li>o Potential litigation against Hull CCG (a patient may claim that Hull CCG knew of the risks in commissioning procedures from the organisation)</li> <li>o Regulatory review of how Hull CCG monitors Quality &amp; Safety in providers (CQC, Area Team, National Commissioning Board)</li> </ul>	High Risk 12	High Risk 12	High Risk 12	<ul style="list-style-type: none"> <li>•Trained qualified and experienced Medical, Nursing and support Staff</li> <li>•Organisation complies with the National Patient Safety Agency / World Health Organisation safer surgical checklist,</li> <li>•Mortality indicators are reviewed via a HEY Mortality Group</li> <li>•Serious Incidents / Never Events are investigated by the organisation (HEY) and lessons learnt.</li> </ul>	WHO surgical checklist audit of checklist A KPI within the contract which is monitored via CMB.	External Assurance is provided by the HEY trust reporting Serious Incidents via the STEIS Incident Reporting System which informs NHS Hull CCG.	reoccurring surgical never events	18/11/14 Further assurances requested regarding capability and capacity for Serious Incidents. Reoccurring themes which demonstrate a lack of learning.	22/02/18 - LS no further wrong site surgery never events reported. 07/12/17 - KM The Trust have declared a wrong site surgery never event from surgery in September 2017, the investigation is underway and a report will be provided to the Serious Incident Panel. 28/09/17 - LS The Trust have declared three wrong site surgery never events during August 2017 all in orthopaedics however different surgeons. The investigations are underway and a thematic review will be undertaken.	30/03/2018	Smyth, Mrs Sarah	Quality and Performance Committee
Quality	910	<p>There is a risk that the current pressure Humber FT bed capacity may mean that patients may not be admitted into the most suitable environment for their needs. Situation is compounded by national pressure on specialist beds and delayed discharges from Local Authority.</p>	High Risk 12	High Risk 12	High Risk 12	Trust led arrangements Remedial actions being considered via CQF and CMB. Monitored at System Resilience Group.	Trust internal bed management meeting monthly BI report to Q&P with ability to escalate to Board as necessary.	NHS England are responsible for Specialist Commissioning ensuring forensic patients are allocated to the appropriate places.	Adequate controls in place.	Increased system resilience and timeliness of communication and escalation of communication across the local health and social care needed.	31/01/18 - LS no further SIs declared. This continues to be a national issue. 07/12/17 - KM no further SIs declared relating to this subject. Capacity for female beds at times can be limited this has occasionally led to temporarily closure of female beds. 28/09/17 - LS no further SIs declared relating to the admittance of a child to an adult ward. To continue to monitor numbers however remains a national issue. 28/06/2017 - LS HFT declared an SI on 22/06/17 relating to the admittance of a child LD patient to an adult ward. investigation ongoing. to monitor numbers however remains a national issue.	27/04/2018	Smyth, Mrs Sarah	Quality and Performance Committee
Quality	911	<p>Humber FT have pressures on skill mix and overall staff resource available, impairing availability of the Trust to provide the full range of services. 29/12/16 - This could result in the maximum 18 weeks waiting time for mental health services not being achieved by March 2016 and patient care not being adequately monitored during the period of waiting.</p>	High Risk 12	High Risk 12	High Risk 12	Trust internal strategies/controls Remedial actions monitored via CQF and CMB Monitored through System Resilience Group	BI report to Quality &Performance with ability to escalate to Board as necessary.	Trust internal bed management monthly meeting	Increased system resilience, and timeliness of communication and escalation of communication across the local health and social care economy needed.	Adequate assurances in place.	31/01/18 - LS no further SIs declared in relation to staffing. This remains a challenge for the Trust and continues to be monitored via the CQF arena. 07/12/2017 - KM Staffing remains a concern, no further SIs declared. ER CCG led a quality visit to a mental health ward, the outcome of which will be discussed at CQF. 28/09/2017 - LS there remain significant staffing issues within the Trust in addition to long-term absence, vacancies and maternity leave. The Trust have a safer staffing escalation process in place, however the Trust did declare an SI related to staffing on 22/09/17. The situation continues to be monitored via the CQF arena. 28/06/2017 - LS There remain significant staffing issues with an ageing workforce in addition to long-term absence, vacancies and maternity leave. Situation to be monitored via CQF arena.	27/04/2018	Smyth, Mrs Sarah	Quality and Performance Committee

Reduce Public sector demand and variation whilst promoting across based on need and meeting NHS Constitution and statutory requirements	839	Waiting times for CYP Autism: Assessment and Diagnosis exceeds the national 18 week target	Extreme Risk 15	Extreme Risk 15	High Risk 12	<p>£200k investment 2015-16 waiting list initiative</p> <p>During mid December 2015 and mid January 2016 several meetings have taken place with Humber NHS FT and a new service model has been agreed with Humber NHS FT which will achieve 18 week compliance by August 2016.</p> <p>New investment agreed 2016/7 - £90k non-recurrent and £236k per annum recurrent.</p> <p>pathway for post diagnostic service is under development in partnership with HFT, Hull City Council and Vol Sector</p>	There are internal assurance processes in place through the CMB and contract monitoring and review meetings in relation to the lead organisation (HFT).	There are external assurance processes through CYP Autism Strategy Group which reports to the CYP and Maternity Programme Board (CCG). and to the Children and Families Board (Partnership).	Adequate controls in place.	Adequate assurances in place.	<p>MB 12.01.2018</p> <p>Q&amp;P Deep Dive held 12.12.2017 actions agreed following Deep Dive which are currently being implemented.</p> <p>In addition - met with Humber NHS FT and reviewed the HFT proposal for additional staff required to reach and maintain 18 weeks - instead of only additional staff HFT to meet with KIDs charity and ascertain what support they can provide - so mixture of new staff plus joint agency working opportunity.</p> <p>Children on the waiting list are being prioritised as follows -</p> <p>Near 18, LAC and Youth Justice. Next phase of priority is pre- school children to ensure they get the best start at school.</p> <p>FT will be allocating care co-ordinators who will be in contact with the child and family whilst they are on the waiting list and ensure they receive all agency support available whilst waiting diagnosis. in addition Post Diagnosis Care Co-ordinators will be in post.</p> <p>Training is going into SENCO in schools twice yearly from CAMHS.</p> <p>uidelines will be developed and shared with GP's on referrals</p> <p>Additional investment is required - however</p>	01/03/2018	Bradbury, Melanie	Planning and Commissioning Committee
Reduce Public sector demand and variation whilst promoting across based on need and meeting NHS Constitution and statutory requirements	922	The Aligned Incentive Contract (between Hull CCG, ERY CCG and Hull and HEY) and its associated programme of work does not deliver the anticipated outcomes in respect of demand management and cost reduction.	High Risk 9	High Risk 9	High Risk 9	<p>Governance structure to oversee the contract including Hull CCG CFO chairing the Oversight Board.</p> <p>Partnership approach and risk share agreement</p> <p>Budgetary management</p> <p>QIPP programme review and reporting</p> <p>Participation in the Technical and Information Group</p>	Reporting to Q&P Reporting to SLT Reporting to Board	Joint reporting to Oversight Board Reporting to SHA	Hull CCG does not have explicit control over the activities of HEY, ERY CCG and the Hull CCG GPs. The success of the contract is dependent on an element of trust in our partners.	Adequate assurances in place.	<p>JD 22.12.17 AIC contract monitored closely and the Oversight Board and Delivery Groups having embedded their governance arrangements. The activity flowing to the independent sector is under close scrutiny.</p> <p>ML 16.11.17 - At the Integrated Audit and Governance Committee in November 2017, Members requested that this risk remain on the risk register until the end of the year, this would ensure that the risk was fully monitored.</p> <p>ML 30.10.17 - Following the CCG board on 29 September 2017, it was noted that there was cross over with the Board Assurance Framework (BAF) and the Risk Register and in terms of Risk 922 and the Aligned Incentive Contract (AIC) would be linked into the BAF. This risk will be added to the BAF and it be requested at the next IAGC to close this risk.</p>	23/03/2018	Dodson, Mrs Joy	Quality and Performance Committee
To set the quality and safety standards aligned to the objectives of the integrated commissioning strategy and work plan	927	<p>Failure to achieve MRSA trajectory for NHS Hull CCG and HEYT. This results in failure to achieve the national zero tolerance target and will adversely affect the CCG Assurance Framework checkpoint and potential achievement of the CCG Quality Premium.</p> <p>If the CCG fails to ensure that robust systems and processes are in place to support the reduction in E.coli blood stream infections by 10% in 2017-18 and therefore breaching the year end objective of 209 as mandated by NHSI</p> <ul style="list-style-type: none"> <li>Patients receive clinically commissioned high quality services</li> <li>CCG plans are delivering better outcomes for patients</li> </ul>	High Risk 12	High Risk 12	Extreme Risk 15	<ul style="list-style-type: none"> <li>Hull &amp; ERY CCG E.coli reduction plan is in place</li> <li>Established Work stream to review cases of E.coli BSI across both primary and secondary care and to share lessons learnt with the focus on urosepsis cases</li> <li>Antibiotic reduction plans</li> <li>PIR of any case followed by MDT if required.</li> <li>SI process if death associated to MRSA.</li> </ul>	<ul style="list-style-type: none"> <li>Progress against the action plan is being monitored through the Hull and East Riding IPC meeting bimonthly</li> <li>Quarterly reporting to Hull CCG Q&amp;P Committee</li> </ul> <p>All cases are reviewed by Hull CCG IPMG and reported to Q&amp;P Committee as they occur.</p> <p>BI report HEY CMB HEY Clinical Quality Forum</p>	NHSI NHSE AT reportable Humber wide HCAI meeting	Although the action plan is established the actions within the action plan commenced in Q2 in line with NHSI requirements	<ul style="list-style-type: none"> <li>Action plan has not had time to ensure its robustness</li> <li>Monthly reporting to Q&amp;P Committee of progress against the plan and current position against objective to commence from August 17</li> </ul>	22/12/17 SS Letter distributed to GP Practices. Performance is 161 cases against 209 target, at this stage it is likely the target will be breached.	31/03/2017	Smyth, Mrs Sarah	Quality and Performance Committee

To set the quality and safety standards aligned to the objectives of the integrated commissioning strategy and work plan	918	That the CCG is not compliant with the statutory requirements identified within the Special Educational Needs and Disability (SEND) Code of Practice: 0-25 years (DfE and DH 2015) that relates to Part 3 of the Children and Families Act 2014.	Extreme Risk 15	Extreme Risk 15	Moderate Risk 6	There is both Designated Medical Officer and Clinical Designated Officer in post within the provider community paediatric services (CHCP) that are working with the CCG and the local authority to ensure that the health requirements for SEND are in place across the health community. The joint strategic SEND Board receives progress and assurance in relation to the joint SEND Strategy and associated work plan. There is an internal CCG and health provider forum that meets 6-8 weekly to review and update the Hull CCG SEND action plan that supports the readiness for joint SEND inspection agenda. The CCG SEND action plan is shared with the Local Authority for the Joint SEND Inspection Plan.	The internal CCG SEND inspection group includes heads of Vulnerable People, CYP and Maternity and Designated Nurse for Safeguarding. Any issues identified are escalated accordingly and appropriately to the relevant forum. The Strategic SEND Board and the Hull CYPF Board are the overarching boards and receive assurance from the partnership at each quarterly meeting.	Reports are made and monitored via: - Hull Children, Young People and Families Board - Hull SEND Board  Partnership working with HCC and local providers continues via the agreed SEND work plan through the boards.	Adequate controls in place.	Adequate assurances in place.	BD - 05/03/2018. The draft SEND Written Statement of Action was approved by the Hull CCG Planning and Commissioning Committee on 02/03/2018 and will be reviewed and approved by the CCG SLT and Board prior to submission for 19.03.2018. The SEND Strategic Board has been disbanded and has been replaced by the SEND Assurance Forum that will report to the Children's Services Improvement Board (Chair: Matt Dukes). The WSA and associated SEND improvement plan will be led, monitored and reviewed by the SEND Assurance Forum. Recruitment to the DCO post is in progress with interviews 13.03.2018. The DMO post will be extended from April 2018 within the new Community Paediatric Medical Service specification. The risk remains moderate until assurances are in place relating to the approval of the WSA and that the DCO and DMO are in post.	07/05/2018	Dawson, Ms Bernie	Integrated Audit and Governance 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	Progress in implementing primary care workforce strategy will be reported to Primary Care Joint Commissioning Committee. STP Strategic Partnership Board to oversee out of hospital care work-stream.	External support for practice groupings to cover support for addressing workforce challenges	Adequate controls in place.	Adequate assurances in place.	PD - 07/02/18 - GP International Recruitment programme continues to progress. LWAB considering PA Ready scheme for STP footprint. CCG support scheme for PA employment in primary care in development for consideration by PCCC at February 2018 meeting. PD - 30/11/17 - GP International Recruitment programme progressing with adverts placed. Consideration being given to how GP Career Plus programme can be progressed - CCG Chair convened meeting with NHS E, LMC, GP VTS. Further Clinical Pharmacist funding anticipated from NHS E scheme.	10/04/2018	Davis, Phil	Primary Care Commissioning Committee
To set the quality and safety standards aligned to the objectives of the integrated commissioning strategy and work plan	928	The functionality allowing safeguarding teams to override sharing consent preferences is being removed from SystemOne. Therefore the risk of not being able to rapidly spot serious abuse, which may lead to death, will increase significantly.	Extreme Risk 16	New Risk	Extreme Risk 16	This has been raised at senior level.	The Humber safeguarding teams are also raising a joint risk at regional and local levels.	update TBC	Adequate controls in place.	Adequate assurances in place.	LS 21/02/18 JM contacted to establish if this has been progressed and which option is most feasible. Three meetings have taken place to date with NHSE, NHS Digital, TPP and the ICO. currently working through the difference in time taken to resolve safeguarding issues after the removal of the functionality. Discussions with this wider group continue with further meetings planned to take place on 2nd and 12th of March 2018 following which further updates will be provided. NHSE have offered 2 work arounds: •Moving to a non-electronic, phone based system – which is a huge step back and for the serious issues we are looking at here would introduce an unpalatable delay •Requesting that every practice in the UK adds every safeguarding team in the uk to their own locally managed sharing white lists – which clearly isn't feasible and we can't consider. The Humber safeguarding teams are also raising a joint risk at regional and local levels.	30/03/2018	Smyth, Mrs Sarah	Quality and Performance Committee
Quality	909	Failure to achieve MRSA trajectory for NHS Hull CCG and HEYT. This results in failure to achieve the national zero tolerance target and will adversely affect the CCG Assurance Framework checkpoint and potential achievement of the CCG Quality Premium.	High Risk 9	High Risk 9	High Risk 12	PIR of any case followed by MDT if required. SI process if death associated to MRSA.	All cases are reviewed by Hull CCG IPMG and reported to Q&P Committee as they occur. BI report HEY CMB HEY Clinical Quality Forum	AT reportable Humber wide HCAI meeting	Adequate controls in place.	Adequate assurances in place.	14/12/17 KM The case is currently going through the process, as the case was identified by one provider following surgery at another provider a meeting is taking place on 16 January 2018 to agree where the case is attributed to. 07/12/17 - KM 1 case of MRSA related to Hull CCG reported in November 2017. This has breached the zero tolerance target. 28/09/17 - LS no further MRSA related SI's declared by the Trust 28/06/2017 - LS no further MRSA related SI's declared by the Trust. 29/03/17 - LS SI declared of MRSA case on NICU 28/11/16.	31/01/2018	Smyth, Mrs Sarah	Quality and Performance Committee