

CCG Strategic Risk Report - Board - September 2018

Strategic Objective	ID	Risk Description	Current 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	Strategic Aim
Vulnerable People	839	Waiting times for CYP Autism: Assessment and Diagnosis exceeds the national 18 week target	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 assurances in place.	Adequate assurances in place.	<p>MB 19.07.2018 New model of care delivery and financial investment required to deliver the new model and reduce the waiting times was shared with Prioritisation Panel in June - this was supported with some caveats re EE model. Planning and Commissioning also supported the proposal - however due to the financial value of the new investment required NHS Hull CCG Board will need to approve the investment. When this is agreed the CCG Commissioners will agree with Humber NHS FT phased release of the financial investment linked to KPIs.</p> <p>MB 08 03 2018 Work progressing as per 12.01.2018 update Task and Finish Group established with Hull Council Children's to ensure links between SEND inspection and CCG Autism Action Plan. HFT have been asked for clarity on the new enhanced staffing model - with costs of the additional staff required. Also assurance requested re ability to recruit to the roles. Meeting held with E Riding CCG who are experiencing significant waits for CYP autism to ascertain opportunity for joint work between the CCGs and HFT.</p> <p>MB 12.01.2018</p>	28/09/2018	Bradbury, Melanie	Planning and Commissioning Committee
Integrated Commissioning	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	<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>	<p>Q&amp;P review quarterly SI reports as do the Board.</p> <p>Monthly SI panels highlighting common themes from SI reports and requesting actions from providers.</p> <p>WHO surgical checklist audit of checklist</p> <p>A KPI within the contract which is monitored via CMB.</p>	<p>The Trust are implementing positive actions including stop the line campaign and below 10,000 feet.</p> <p>External Assurance is provided by the HEY trust reporting Serious Incidents via the STEIS Incident Reporting System which informs NHS Hull CCG.</p> <p>The incidents above are managed via a defined Serious Incident Review Panel meeting with representatives of the NHS Hull CCG members of the panel.</p>	reoccurring surgical never events	<p>08/08/2018 - LS - commonalities identified in the six never events declared during 2017/18. Work to address these is being monitored via the bi-monthly Quality Delivery Group (QDG)</p> <p>18/11/14 Further assurances requested regarding capability and capacity for Serious Incidents. Reoccurring themes which demonstrate a lack of learning.</p>	<p>08/08/2018 - LS on 31/07/2018 a presentation was delivered to the Trust board on the six never events declared by the Trust during 2017/18. Some of the common themes identified from the completed investigations include distraction, communication and failure to follow process. No never events have been reported during Q1. The Trust are implementing positive actions including stop the line campaign and below 10,000 feet. Ten near miss incidents have been reported where staff have stopped procedures preventing incidents occurring which is positive.</p>	26/10/2018	Smyth, Mrs Sarah	Quality and Performance Committee

Vulnerable People	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	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 assurances in place.	Adequate assurances in place.	19.09.18 ED - TCP Board now put in, monthly case managers meetings to interegrate progress against plans for discharge with agreed trajectories. KE Update 27.06.18 - Service change delivered as planned. A number of more complex cases remain placed out of area, systems and processes are in place to ensure that individual's needs are being recognised and managed and that individuals and their families are involved in care planning / decisions. ED Update 08.03.18 - Transforming Care Programme representatives attended NHSE assurance meeting on 05.03.18 to present current position and plans, some risk of slippage to Q1 2018/19 all trajectories reviewed, plans on track to close inpatient beds and transfer into community resources by 01 April 2018. 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.	25/01/2019	Daley, Erica	Planning and Commissioning Committee
Vulnerable People	899	There is a possibility of unsafe care of out of area learning disability clients if clinical case management hasn't been undertaken.	High Risk 12	High Risk 12	Appropriate case management in place CTRs in place for all clients Routine reporting to NHSE Routine client reporting to the Director of Quality & Clinical Governance / Executive Nurse	All mandatory data returns have been submitted to NHS England by the Commissioning Team within set timescales. Reporting to Transforming Care Programme Board Routine client reporting to the Director of Quality & Clinical Governance / Executive Nurse	NHS E CTR Meetings NHS data returns Transforming Care programme Board	Adequate assurances in place.	Adequate assurances in place.	8 August 2018 MB All Learning Disability Patients who originate from Hull who are either within local NHS learning disability hospital - Townend Court, Independent Sector or NHS Learning Disability hospital have been reviewed by the Hull CCG Clinical Case Manager, those patients who originate from Hull who are currently detained within secure hospital placements have been reviewed by NHS E and updates regarding individual placements are shared by NHS E with Hull CCG. NHS E continue with plans to close secure LD hospital beds which is resulting in additional pressure being placed on local acute LD services and the complexity of patients on those units has increased. There are plans in development as part of Transforming Care to reduce the bed numbers at Townend Court but to keep the same level of staff on the unit to deliver enhanced staff: patient ratio to meet new service demands. The development of Forensic Outreach Liaison Services (FOLS) to support LD patients in the community is being led by Humber Teaching NHS FT. This new service will provide additional expertise to manage complex patients who have offended who are now managed within the community.	26/10/2018	Smyth, Mrs Sarah	Quality and Performance Committee
Integrated Delivery	901	Lack of capacity/capability within CCG to deliver Strategic Commissioning Plan for Primary Care	High Risk 8	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 - 13/08/18 - Named Leads continuing to work with and support practice groupings. Commissioning Team restructure includes capacity to further support primary care work. PD - 12/06/18 - Additional project support roles in place within CCG to support delivery of Integrated Delivery work programme. CCG Commissioning Team work programme focusing on Integrated Delivery work. Relationships between CCG Leads and groupings continuing to be developed. Integrated Delivery Support Team considering risks associated with work programme and individual groupings. Risk rating reduced PD - 17/04/18 - Integrated Delivery Support Team continues to develop and Leads are developing roles with groupings. 2018/19 Local Quality Premium Scheme in development for further consideration at PCCC on 27/04/18. 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.	12/10/2018	Davis, Phil	Primary Care Commissioning Committee

Integrated Delivery	902	CCG practices unable to maintain a resilient primary care workforce	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 - 13/08/18 - PA posts supported by HEE and CCG being recruited to. Hull & ER taster weekend for International GP recruits taking place end of September. Bid to HEE for a Post CCT GP Fellowship successful - recruitment to be progressed. PD - 12/06/18 - APEX workforce tool being commissioned by NHS England to assist in primary care workforce planning - will be available to all practices to utilise. CCG continues to support practices through a range of initiatives in relation to a range of staff groups.	12/10/2018	Davis, Phil	Primary Care Commissioning Committee
Vulnerable People	910	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.	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.  funding is awaited from NHSE to progress with an inpatient facility suitable for accepting children in the area.	Adequate assurances in place.	Increased system resilience and timeliness of communication and escalation of communication across the local health and social care needed.	25/07/2018 - LS The issues continues nationally, there have been no further SIs reported by the provider relating to an under 18 child being admitted to an adult inpatient facility. 30/05/2018 - LS - continues to be a national issue, with the number increasing nationally of children requiring inpatient mental health beds, however there have been no further SIs declared relating to a child being admitted onto an adult ward. 18/04/2018 - LS This continues to be a national issue however no further SIs have been declared concerning the admittance of a child onto an adult mental health ward. When a need arises for a local bed and one cannot be sourced, service users and families are having to travel considerable distances to where an appropriate available bed can be located within the country.	28/09/2018	Smyth, Mrs Sarah	Quality and Performance Committee
Delivery of Statutory Duties	911	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.	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.	July 2018 - LS Continues to be closely monitored, no additional SIs have been declared by the Trust relating to staffing issues. this remains on the CQF agenda and is discussed within that arena. 30/05/2018 - LS - Continues to be closely monitored, no additional SIs have been declared by the Trust relating to staffing issues. this remains on the CQF agenda and is discussed within that arena. there are plans to restructure the care groups within the Trust, which may result in reallocation of resources. 18/04/18 - LS Continues to be closely monitored, no additional SIs have been declared by the Trust relating to staffing issues. 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.	28/09/2018	Smyth, Mrs Sarah	Quality and Performance Committee
To embed Patient and Public Involvement across the organisation and ensure that the CCG meets its statutory duty under 1422 of the Health and Social Care Act	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	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.	13/08/18 - Update provided to Health & Wellbeing Overview & Scrutiny Commission meeting on 15th June. Further updates included as part of Commission work-plan. Third edition of My City My Health My Care being planned for October with a focus on the ICC and Extended Access. 12/06/18 - Primary Care update paper being taken to June 2018 Health & Wellbeing Overview & Scrutiny Commission. Service specification for extended access incorporates responses to engagement work. Appropriate engagement plans being incorporated into West Hull Hub development. 17/04/18 - CCG paper taken to Health & Wellbeing Overview & Scrutiny Commission with results from online consultation evaluation - positively received. Results from Extended Access engagement work being used to inform plans and service specification.	12/10/2018	Davis, Phil	Primary Care Commissioning Committee

Delivery of Statutory Duties	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.	High Risk 9	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 - 01/06/2018. The second submission of the SEND Written Statement of Action was submitted to HMIC (Ofsted and CQC) on 01.05.2018 - awaiting outcome (expected 16.05.2018).  The DCO and DMO are in post and work programme highlighting key priorities is in progress.  CCG-led work related to service improvement for autism, speech and language and sensory processing disorder services are progressing. Business cases will be presented to the CCG Prioritisation Panel 08.06.2018 for the latter 2 services.  The SAF meets monthly and is supporting the assurance and monitoring of the WSA work streams and SEND improvement action plan; reporting to the Children's Services Improvement Board.  These measures have reduced the risk from 15 to 9.	10/09/2018	Dawson, Ms Bernie	Integrated Audit and Governance Committee
Integrated Commissioning	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 9	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.	26/06/18 - SS The risk rating has been reduced from a high risk rating 12 to a 9 until the outcome of the procurement is known the impact will not be known.  18/04 - GE The home care providers have been given the additional 5%, we will await to see the impact. It is recommended this risk is closed, as there will be no further changes until the service is re-procured in 2019/20.  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.	21/09/2018	Smyth, Mrs Sarah	Quality and Performance Committee
Integrated Delivery	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 in 2018/19	High Risk 9	High Risk 9	Governance structure to oversee the contract including Hull CCG CFO chairing the Oversight Board.  Partnership approach and risk share agreement  Budgetary management QIPP programme review and reporting  Participation in the Technical and Information Group	Reporting to Q&P Reporting to SLT Reporting to Board	Joint reporting to Oversight Board Reporting to SHA 2017/18 experience was positive	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.	JD 26.06.18 Risk has been refreshed for 2018/19 rather than closed and a virtually duplicate risk opened. 2017/18 experience was positive in terms of establishing the partnership. Residual risk remains due to current financial position of the system. National funding announcements have not been substantiated with detail and there is a lack of clarity in respect of the funding organisations can expect for the Agenda for Change pay deal. JD 25.04.18 Financial positions of the AIC partners at end of 2017/18 were maintained with no requirement to invoke the risk share agreement. Propose that risk is closed and new risk opened for 2018/19.	28/09/2018	Dodson, Mrs Joy	Quality and Performance Committee

Delivery of Statutory Duties	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	Formal assurance process with regard to CCG support functions and scenario testing to include support services.	EPRR / BCM group work programme. Involvement in regional EPRR/BCM testing exercises and implementation of any learning from them.	NHSE Self Declaration Compliance for 2018/19.	Adequate controls in place.	Adequate assurances in place.	19/07/18 EPRR/BCM Group continues to meet and make progress on delivery of 2018/19 work plan (MN). 30/05/18 - Communications and Engagement Communications Test reached over 90% of staff, actions agreed for remaining 10%. BCM plans to be discussed at BCM meeting and teams to further review their team plans. 21/03.18 - ML Communications and Engagement Team undertook a Out of Hours Communication Test in Feb 2018, effectiveness to be discussed at next BCM Meeting. Team encouraged to continue to test BCM plans 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.	26/09/2018	Napier, Michael	Planning and Commissioning Committee
Delivery of Statutory Duties	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	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.	19/07/18 EPRR/BCM Group continues to meet and deliver 2018/19 work plan. 30.05.18 - On Call pack consolidated. Joint on call now in place to include North Lincolnshire. On-going work to consolidate procedures. 21.03.18 - ML Work on-going to consolidate on call pack and procedures. Joint on call to include North Lincolnshire to be place for 01 April 2018. Work on going to consolidate systems. 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.	26/10/2018	Napier, Michael	Planning and Commissioning Committee
Implement a revised Organisational Development Strategy	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	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 11/06/18 Facilitator assigned for next workshop. New network procurement about to commence New NHSD provided Windows comes with new centrally managed security systems - I'm hopeful that this will allow us to lower risk score when implemented JM 18/04/18 Cyber Workshop was very well attended. To be re-run at the highest Mgt level. CCG BCM Document is being revisited. 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.	28/09/2018	Mitchell, John	Integrated Audit and Governance Committee, Primary Care Commissioning Committee

Working with Partners to develop and implement a single Quality Improvement Plan	927	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.  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  •Patients receive clinically commissioned high quality services  •CCG plans are delivering better outcomes for patients	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 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> <li>All cases are reviewed by Hull CCG IPMG and reported to Q&amp;P Committee as they occur.</li> <li>BI report HEY CMB HEY Clinical Quality Forum</li> </ul>	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>	29/08/2018 KMa there has been no MRSA bacteraemia reported year to date 2018/19. E.Coli remains a concern and work is progressing with UTI NO DIP project the CCG is working with NHSI as part of the UTI collaborative.  There is a joint action plan in place between Hull and East Riding CCGs and HEY. 15/06/18 - LS E-Coli - The number of apportioned cases is increasing and it is thought that this is a result of improved sepsis screening. Trends also indicate a high proportion of E.coli cases were associated to biliary sepsis. The Trusts improvement plan for E.coli and gram negative bacteraemia continues into 2018/19.	30/11/2018	Smyth, Mrs Sarah	Quality and Performance Committee
Delivery of Statutory Duties	928	The functionality allowing safeguarding teams to override sharing consent preferences is being removed from SystmOne. Therefore the risk of not being able to rapidly spot serious abuse, which may lead to death, will increase significantly.	Extreme Risk 16	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.	Working with NHSE, NHSD, the ICO and TPP.	Adequate controls in place.	Adequate assurances in place.	15/06/18 - JM - The functionality has indeed been turned off. Our correspondence continues with NHSE, NHSD, ICO & TPP and we have offered to work on the solution. Other localities have also now realised the scale of the issue. We are waiting on a formal response from the above parties. 18/04/18 - JM The best update I can provide is that we have held several meetings with NHSE, NHSD, ICO & TPP and have produced a letter from the entire Humber Care Community, expressing our deep concern to NHSE. As it stands the functionality will be turned off this month.	31/08/2018	Smyth, Mrs Sarah	Quality and Performance Committee
Integrated Commissioning	929	There is a risk that the availability of CQC registered Nursing Care Homes in Hull and East Riding will be insufficient to meet the demand.	High Risk 12	Extreme Risk 16	The new operating model for adult social care is based around supporting people outside of residential care. The NHS-CHC team and social worker practice supports individuals as far as possible in remaining in their own homes. This will reduce some of the demand for nursing beds. Access arrangements is being reviewed as part of the NHS funded care transformation programme with the aim to introduce a more robust criteria and assessment to ensure only those who absolutely need to be admitted to nursing care (not residential care with community nurse support) are placed into nursing beds.	The CHC team review nursing case applications and report on appropriateness to the Head of NHS Funded Care.	The Local Authority are the lead commissioners for care homes in the City and a new procurement exercise is scheduled to start in April 2018. This process will not address the underlying issues around the sustainability of nursing care homes.	There is limited capacity with existing community services to support individuals to reside in residential care homes as an alternative to nursing care homes.	It is unlikely that existing commissioning activity will prevent market failure.	20.09.18 - GE The 10 funded nursing case assessment beds for the transfer to assess for CHC pilot have been procured and are being delivered at Rosevilla nursing home. There is now a more robust application of the eligibility criteria for funded nursing care and a process for screening referrals. Early indications (there were 116 FNC individuals at the end of Q4 17/18 and 106 now) being that there is reduced demand for nursing care placements and that a higher percentage of patients can be cared for in a standard residential care home with support from community nursing services. 27.06.18 - GE The CCG have agreed to fund a pilot into providing a number of nursing care assessment beds. This will ensure that individuals needs are fully considered before the need for nursing care is confirmed i.e. can they move into a residential care home with community nurse support. This is scheduled to start mid-July (depending on the LA brokerage team capacity). An alternative delivery model is being explored with community geriatricians and CHCP. Risk score reduced as a result of the nursing assessment beds.	28/09/2018	Smyth, Mrs Sarah	Quality and Performance Committee