

Strategic Objective	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	CCG Committee
Vulnerable People	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>Melanie Bradbury 2.3.19 - Contract Variation agreed with HTFT - HTFT out to recruitment for additional staff for the new service model. Waiting list reduction trajectory was agreed to be 13 week compliant by October 2020 – however due to delays in recruitment and an additional waiting list held by Contact Point identified by HTFT the new trajectory is June 2021 – discussions have been held with HTFT and plans identified to bring the trajectory back to October 2020 have been identified. A full update will be shared at CCG Planning & Commissioning Committee in April 2019 and an update to Quality & Performance Committee in March 2019.</p> <p>MB - 19.12.2018 Contract Variation agreed with HTFT - HTFT out to recruitment for additional staff for the new service model. Waiting list reduction trajectory agreed - new service model to be implemented from Q4 2018/19. Monthly monitoring meetings will be held to ensure close contract monitoring of delivery.</p>	01/05/2019	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 & 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"> o patient harm, the severity of which will vary according to each procedure o extended hospital stay o return to theatre (for removal of retained foreign object post- operation) o Adverse publicity for Hull CCG o Potential litigation against Hull CCG (a patient may claim that Hull CCG knew of the risks in commissioning procedures from the organisation) o Regulatory review of how Hull CCG monitors Quality & Safety in providers (CQC, Area Team, National Commissioning Board) 	High Risk 12	High Risk 12	High Risk 12	<ul style="list-style-type: none"> •Trained qualified and experienced Medical, Nursing and support Staff •Organisation complies with the National Patient Safety Agency / World Health Organisation safer surgical checklist, •Mortality indicators are reviewed via a HEY Mortality Group •Serious Incidents / Never Events are investigated by the organisation (HEY) and lessons learnt. 	Q&P review quarterly SI reports as do the Board. Monthly SI panels highlighting common themes from SI reports and requesting actions from providers. WHO surgical checklist audit of checklist A KPI within the contract which is monitored via CMB.	The Trust are implementing positive actions including stop the line campaign and below 10,000 feet. External Assurance is provided by the HEY trust reporting Serious Incidents via the STEIS Incident Reporting System which informs NHS Hull CCG. The incidents above are managed via a defined Serious Incident Review Panel meeting with representatives of the NHS Hull CCG members of the panel.	reoccurring surgical never events	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) 18/11/14 Further assurances requested regarding capability and capacity for Serious Incidents. Reoccurring themes which demonstrate a lack of learning.	19/12/18 - LS - No further never events reported by the Trust. HEY are undertaking a piece of work reviewing near miss never events to identify commonalities and will share with commissioners once complete. There have been a number of near misses prevented from progressing to actual incidents by the application of the 'stop the line' campaign. 16/10/18 - no further never events declared by the Trust. Work continues on the actions arising from the Never Events declared in 2017/18, including the development of a corporately-branded patient safety campaign, which will include 'Stop the Line' campaign raising more awareness and empowering all staff to challenge poor practice more effectively. The Trust are undertaking a review of all near miss never events to identify the commonalities from these and formulate an action plan.	29/03/2019	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	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 sin 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.	19.09.18 ED - TCP Board now put in, monthly case managers meetings to integrate 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
Integrated Delivery	901	Lack of capacity/capability within CCG to deliver Strategic Commissioning Plan for Primary Care	High Risk 8	High Risk 8	High Risk 12	Additional CCG workforce to support primary care programme - Head of Commissioning - Integrated Delivery; Commissioning Manager with focus on primary care to be recruited. Establishment of delegated commissioning arrangements with NHS E with associated support of Assistant Primary Care Contracts Manager from NHS E. Support packages available to practice groupings. Establishment of Integrated Delivery Framework and support team.	Working relationships between Commissioning & Partnerships, Resources and Quality Teams in the CCG. Establishment of Primary Care Commissioning Committee. Development of Integrated Delivery Framework and Team.	NHS E working relationships and Primary Care Commissioning Committee.	Adequate controls in place	Adequate assurances in place	<p>PD - 08/02/19 - New Commissioning Manager starting with CCG</p> <p>25/02/2019 - will provide additional capacity to Strategic Lead - Primary Care, Head of Commissioning - Integrated Care and wider Integrated Delivery Team to support delivery of primary care programme.</p> <p>PD - 04/12/18 - Integrated Delivery Team continuing to support delivery of commissioning plan and Integrated Delivery Framework. Commissioning Manager post advertised and interviews scheduled for 19/12/18.</p> <p>PD - 11/10/18 - Commissioning Team restructure complete and process begun to recruit to vacancies including a Commissioning Manager post with primary care responsibility. CCG Project Support continues to support delivery of projects and provide support to practice groupings.</p> <p>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.</p>	12/04/2019	Davis, Phil	Primary Care Commissioning Committee

Integrated Delivery	902	CCG practices unable to maintain a resilient primary care workforce	Extreme Risk 16	Extreme Risk 16	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 - 08/02/19 - NHS Long Term Plan and new GP contract include a number of elements and initiatives to support the development of the primary care workforce. Implications to be worked through and plans developed as required as part of CCG primary care workforce strategy. PD - 04/12/18 - The risk rating has been reviewed and raised to 16 following discussion at the October PCCC and other information the CCG is aware of regarding current workforce challenges within practices. The Apex Insights tool has been offered to practices for expressions of interest in the first instance. Edenbridge (provider of the tool) are attending the Provider Forum in January to provide further information to practices. PD - 11/10/18 - PAs in post within a number of practices. Taster weekend for Spanish GPs took place 27-30 September with 4 GPs visiting Hull.	12/04/2019	Davis, Phil	Primary Care Commissioning 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. This could result in the maximum 18 weeks and 52 weeks waiting time for mental health services not being achieved and patient care not being adequately monitored during the period of waiting.	High Risk 9	High Risk 9	High Risk 12	Trust internal strategies/controls Remedial actions monitored via CQF and CMB Monitored through System Resilience Group Trust has closed PICU beds	BI report to Quality & Performance with ability to escalate to Board as necessary. In addition also monitored via the Quality and Surveillance report to NHS England.	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.	06/03/19 - KMa Beds remain closed in PICU. The Trust are in the process of recruiting to band 6 posts. There remains concern with regards to supervision which has been a theme identified in a number of SI investigations. This relates to supervision of non-qualified staff triaging calls and the availability and visibility of senior clinical support. 19/12/18 - KMa This continues to be monitored via the quality forum. To actively manage the risk beds have been closed when staffing levels fall below the required standard, and therefore the risk has been reduced. In addition no new staffing related SIs have been reported. 06/11/2018 - KMa Staffing continues to be closely monitored via the Quality Forum. The Trust have shared with commissioners a six monthly dashboard which shows staffing supervision and training. October - 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. 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.	30/04/2019	Smyth, Mrs Sarah	Planning and Commissioning Committee, Quality and Performance Committee
To embed Patient and Public Involvement across the organisation and ensure that the CCG meets its statutory duty under 14Z2 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 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.	08/02/19 - Initial engagement plan undertaken by Modality for proposed changes to services - results being analysed. CCG engagement assurance process developed to support future engagement activity in relation to primary care services. 04/12/18 - Winter 2018 My City My Health My Care prepared. Engagement plan for Modality developed for proposed changes to services at New Hall, Faith House & Newland Group practices. Paper taken to November Overview & Scrutiny Committee and North Area Committee (Modality attended both with CCG support). Informal session held with OSC members 30/11/18 - commitment to utilise Area Committees as required for future proposed service changes etc. 11/10/18 - Engagement plans being developed where required - to be taken to November overview & Scrutiny Commission.	12/04/2019	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	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 - 24.12.2018. DfE/DH SEND monitoring visit 14.12.2018. Progress noted against the Hull Local Area SEND Improvement Plan. It was noted that monitoring will continue but less frequent (dates to be confirmed) and re-inspection as per new inspection regime in Q3 2019. Awaiting formal response and outcome. SAF board continues to drive forward improvement schedule and reports to Children's Services Improvement Board. Specific areas related to CCG lead including SLT, Autism, Sensory Processing and DCO posts all being progressed through appropriate leads. Risk score remains high (9). BD - 05/10/2018. Progress is being made on the Joint SEND Improvement Plan. This plan is monitored and reviewed by both the SEND Assurance Forum and the Hull Children's Services Improvement Board. The Q 3 SEND monitoring visit is planned for 17 October. Key CCG work related to paediatric SLT, Autism, Sensory Processing Disorder and Personal Budgets is progressing.	05/04/2019	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 (DTC) particularly over the winter months.	High Risk 9	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.	06/03/19 - KMa One provider within Hull due to a number of factors was unable to deliver the contract (this was a national company). Support was given by a number of providers which was overseen by NHSE. The service is being monitored closely by Hull City Council. 19/12/18 - KMa This was reviewed at quality board WC 10/12/18 and the provider is being monitored by Hull City Council contract managers. This will continue to be monitored over the winter period in respect of capacity. 02/11/2018 -KMa this continues to be monitored via the quality care board. One provider is on an increased level of surveillance.	31/05/2019	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	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 QJPP 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 21.12.18 Specific focus on elimination of 52week+ waiters by March 2019. Overall waiting list for incomplete pathways now reducing. Demand management programmes in GP Practice groupings are progressing positively with good levels of engagement. JD 05.10.18 Referrals are seeing reduction but without corresponding reduction in waiting list size. Significant analysis of this is being undertaken.	29/03/2019	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	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.	04/02/18 ML - Teams continue to update their plans, EPRR BCM Group continue to meet regularly and review mitigations in place. 13/12/18 ML - Presentation on BCM Plans provided at November 18 team brief to all staff. Teams requested to review their plans. 22/10/18 ML teams continue to develop plans and EPRR / BCM Group continues to support development of plans / implementation of good practices to support effective maintenance of CCG functions.	22/03/2019	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 North Lincolnshire 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.	ML - 04/02/19 - Revised on call pack due to be issued week commencing 04 February 2019. ML - 17/01/19 - Revised on call pack reviewed by Deputy Director of Commissioning - printing of on call pack to take place late January / early February 2019. ML - 13/12/18 - Work continues to consolidate procedures and test procedures in place, updated on call pack due to be reissued in January 2019. ML - 30/10/18 - Work on going to consolidate procedures with East Riding, and North Lincolnshire, updated on call pack due to be reissued in November 2018. 19/07/18 EPRR/BCM Group continues to meet and deliver 2018/19 work plan.	29/03/2019	Napier, Michael	Planning and Commissioning Committee
Working with Partners to develop and implement a single Quality Improvement Plan	927	Failure to achieve trajectories from gram negative bacteraemia for MRSA and E.Coli for NHS Hull CCG and HEYT. This results in failure to achieve the national zero tolerance target for MRSA only and will adversely affect the CCG Assurance Framework checkpoint and potential achievement of the CCG Quality Premium. •Patients receive clinically commissioned high quality services •CCG plans are delivering better outcomes for patients	High Risk 12		High Risk 9	Antibiotic reduction plans PIR of any case followed by MDT if required. SI process if death associated to MRSA. The CCG has been working with the HEY Urinary Tract Infection Collaborative as part of NHS Improvement initiative. A NoDip project has been set up with care homes and the Local Authority in Hull.	•Progress against the action plan is being monitored through the Hull and East Riding Infection Prevention Committee meeting bimonthly •Quarterly reporting to Hull CCG Q&P Committee All cases are reviewed by Hull CCG Infection Prevention Committee and reported to Q&P Committee as they occur. BI report HEY CMB HEY Quality Delivery Group	NHSI NHSE North bank Health Care Acquired Infection meeting	Although the action plan is established the actions within the action plan commenced in Q2 2018/19 in line with NHSI requirements	Action plan has not had time to ensure its robustness Monthly reporting to Q&P Committee of progress against the plan and current position against objective to commence from August 17 Some community pharmacies have started to charge patients for syringes and needles. This is resulting in the sharing of needles. The DIPC at HEY has written formally to Public Health in the Local Authority to be aware of the guidance as syringes and needles should be provided free of charge to patients as this is funded via NHSE.	19/12/18 - KM There has been a further two cases of MRSA bacteraemia reported. The trajectory for E.Coli will not be achieved however work has been progressing through the UTI collaborative. Work has also been undertaken with care homes and General Practice with implementation of the 'No DIP' PROJECT. 02/11/2018 -KM A further case of MRSA bacteraemia has been reported and a PIR is currently being undertaken. Therefore the risk grading remains a high risk of 9. 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.	29/03/2019	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 SystemOne. Therefore the risk of not being able to rapidly spot serious abuse, which may lead to death, will increase significantly.	High Risk 12	High Risk 12	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.	04/03/19 - Carrie Cranston - NHSD/ICO/BMA all in agreement that proposal number 2 can now be supported and this will be progressed once approval has been given from the suppliers for them to develop the solution. 31/01/19 - JM has informed that at the request of NHSE the meeting was postponed which was planned for January. We are re-scheduling for late Feb/early March. 19/12/18 - LS There is a local patch meeting due to take place in January 2019 to review current position and impact.	29/03/2019	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	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 have been 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 transfer to assess process is in post and more robust application of the FNC eligibility criteria is in place.	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. CCG funding has been agreed for a new health in care homes team and there are links to the integrated care centre and frailty pathways. Additional funding has been made available for CHCP to increase community staff to support in care homes.	It is unlikely that existing commissioning activity will prevent market failure.	06/03/19 - KMa Following the quality visit in December, the CCG in partnership with Hull CC agreed to decommission the beds. In view of the pressure on beds, Hull CC have opened an increased number of beds in residential facilities to aid the discharge process from the acute provider. 19/12/18 - KMa A quality visit was undertaken on the 17th December and a review of the current model is currently underway. A paper will be presented to planning and commissioning at the beginning of January 2019. 02/11/18 - KMa - discussions have taken place with the Deputy Director of Commissioning, COO for CHCP and discharge liaison at HEY to review the ten beds. The criteria for admission is currently being looked at to ensure smooth transfer of patients from the acute Trust into the ten beds. A quality visit will be undertaken to ensure that the placement meets the needs of those patients. The bed occupancy has been low due to the robustness of the previous acceptance criteria, however this is in the process of being reviewed. The risk score will be reviewed following a period of time following the embedding of the revised criteria.	31/05/2019	Smyth, Mrs Sarah	Quality and Performance Committee
Delivery of Statutory Duties	931	CCG would not have an effective plan in place to support the community in the event of a cyber incident.	High Risk 9	High Risk 9	High Risk 10	System in place for reporting incidents Awareness for staff Assurance process around support service/ GPs BCP to be further developed Additional workshop to be organised for CCG SMT Response process map has been shared with CCG Upgrade to windows 10 planned	Virus and security software regularly checked for appropriateness CCG and IT supplier have signed up for NHS Alerting mechanism Humber wide IT managers group set up (managed by CCG) to ensure minimum standards are set.	NHSD inform via reporting mechanism of security standard breaches.	Adequate controls in place	Further education required	26.02.19 Carrie Cranston - Now have a date identified for CCG SMT Workshop (03.04.19), each organisation must have their own BCP in place and recent workshops have highlighted the need for this. 31.10.18 - Risk added.	31/03/2019	Mitchell, John	Integrated Audit and Governance Committee, Primary Care Commissioning Committee
Children and Families	932	Paediatric Speech and Language (SLT) Service. Waiting list for initial assessment and treatment is extensive. The joint local area SEND Inspection 2017 identified that children and young people do not have timely access to SLT services and there is not an effective plan for securing improvement. Provider data issues W/C 15 October 2018, indicates there are up to 421 children waiting for an initial assessment (107 over 18 weeks) and up to 1,417 waiting for treatment. Data accuracy issues noted at Quality and Performance Committee 23.20.18.	Extreme Risk 16	Extreme Risk 16	Extreme Risk 16	Hull CCG have agreed additional non recurrent funding (June 2018) to support the service to recruit additional resource that will reduce the waiting list and undertake service remodelling. Contract variation to be completed once service level data including waiting lists have been completed and trajectory agreed.	Reports to Hull CCG Planning and Commissioning and Quality and Performance Committees. Reports to HFT Children and Learning Disability Delivery Group. HFT/CCG CTIG meetings will take forward the review of the submitted performance data for data cleansing and assurance purposes and to inform the refreshed waiting list trajectory.	SEND Written Statement of Action and Improvement Plan - monitored by the SAF Board and reported to the Children's Services Improvement Board. SEND WSA monitored by DfE and DH on quarterly basis.	Provider engagement with the CCG and slow to progress recruitment, data collation and reporting and service improvement plans. This has been escalated through a range of fora at various levels including executive, senior leadership and operational levels.	Lack of senior leadership at executive, strategic and operational levels to engage with the CCG and requirements of the additional funding to drive forward the improvements at a required pace. Data submitted is not assured at this time - CTIG undertaking work with the provider.	27.02.2019. Risk Update Bernie Dawson. January 2019, there are - 590 CYP waiting for SLT assessment (538 Dec 18), (average wait 11 weeks/longest wait 40 weeks) - 256 CYP waiting therapy/intervention (281 Dec 18) (average wait 18 weeks, longest wait 80 weeks). Awaiting further information regarding clinical review of the waiting list to include pathway allocation, provision of information/advise to those on the waiting list. CCG to lead joint work with the service provider and LA early years lead to review waiting list and ascertain where early years services can provide support. Recruitment to core and additional posts continue with some success and 3 vacancies out to advert. Service remodelling is being led by the Clinical Services Director with CCG input and will inform sustainable service requirements. Service Improvement group and Stakeholder Group meetings in March will focus on pre-referral opportunities and waiting list management The CCG is progressing the R&D opportunity for Early Years referral cohort that will identify service improvements and advise requirements for SLCN and SLT. The SLT Service Improvement Group are responsible for the delivery of the SDIP and report to the HFT Children's and LD Delivery Group. The Children's Services Improvement Board and SEND Accountability Forum are aware of the position. Risk remains at 16.	26/04/2019	Dawson, Ms Bernie	Planning and Commissioning Committee, Quality and Performance Committee
Improvement in Clinical Outcomes	933	There is a risk that practice nurses will not receive adequate training to undertake cervical screening. This is due to a lack of funding from NHS England / Public Health England. This could mean increased risk of undetected cervical cancers due to lack of trained staff.	High Risk 9	High Risk 9	Extreme Risk 16	There has been some short term funding made available from NHS England / Health Education England. There is also a programme of training that has been established through the Advanced Training Practice in partnership with Hull CCG and Hull University. There has also been courses available at Huddersfield, Newcastle, Sheffield and Leeds Universities.	The training is reviewed at the Humber Coast and Vale Primary Care Workforce Group and through the screening and immunisation oversight group. This provides feedback to the CCG in order to identify gaps in delivery of the training and therefore allows the CCG to identify mitigating actions.	This has been raised to the NHS England Quality Surveillance Group by the bi-monthly returns and also through NHS England Quality Leads.	There are minimal places available, therefore demand is exceeding availability as this covers the whole of Yorkshire and the Humber area. Staff are also required to travel to the locations offering the courses which is proving problematic.	Adequate assurances in place.	06/03/19 - KMa Health Education England and NHSE are reviewing the education requirements for cervical screening and this will be discussed at the screening and immunisation board in April 2019. 19/12/18 - KMa non recurrent funding has been identified and local courses have been established. However recurrent funding still requires to be agreed by NHSE / Health Education England. 06/11/2018 - KMa Discussions have taken place at the Humber Coast and Vale Workforce Group and the Education Director has raised this formally with Health Education England. Further courses have been provided at the various Universities in the Yorkshire and Humber area and non recurrent funding has been identified.	31/05/2019	Smyth, Mrs Sarah	Primary Care Commissioning Committee