

CCG Strategic Risk Report - Board May 2020 (extracted 13.05.20)

| 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 | CCG Committee |
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| Children and Families | 936 | Risk of organisational, reputational, safety and quality if not meeting statutory duties in ensuring the implementation of the Health and Social Care Partnership. The Children and Social Work Act 2017 requires that Local Safeguarding Children Boards are to be replaced with a Multi-Agency Safeguarding arrangement with equal responsibility within a partnership between CCGs, Local Authorities and the Police. | High Risk 10 | Extreme Risk 20 | Hull strategic arrangements have been published based on the Besley model. In achieving this partnership arrangements and the implementation of change requires significant operational support and scrutiny during the transitional period which may impact on assurance. Oversight is being maintained by the Executive Board of the HSCP (Hull Safeguarding Children's Partnership) Transition Programme. These key areas of change include local priorities, training and the recruitment of seconded partnership roles and Safeguarding Champions. There has been an operational group formed of which the CCG is a member to manage the transition and embed the strategy. - Statutory roles fulfilled and CCG governance maintained - HSCP Executive Group in place Executive Lead DON CL is a member - Hull Safeguarding Children Partnership Executive Board in place and Transition Project Group to support the Executive Group. A Designated Nurse for Safeguarding commences into role within the hub from 2nd January 2020 to represent the CCG, this is for a 3 month period whilst scoping the role. | Reports into multi-agency executive group of which the executive lead is a member. This provides assurance with regards to how the risk of transition is being managed. The local authority and the police executive leads are members of this group for external assurance. | Reports into multi-agency executive group of which the executive lead is a member. This provides assurance with regards to how the risk of transition is being managed. The local authority and the police executive leads are members of this group for external assurance. | Adequate controls in place | Adequate assurances in place | Deborah Lowe 26/2/20 Risk rating review (impact change from moderate to minor in respect of progress against arrangements) HSCP Executive Board meetings and membership now established and progressing as planned. Partnership staff have been identified and allocated, all are in post from the 3 partner organisations. Hull CCG appointing the previous Designated Nurse for Safeguarding into the role as lead for the CCG within the HSCP hub. The HSCP Executive Board maintain oversight of the transition arrangements including the development of the 'hub', partner membership (Health, Local Authority, Police) and staff for the secondment roles. The information sharing protocol is being finalised in progressing the joint working across the partnership, arrangements for freedom of information is currently being reviewed by the executive board, formal decision re storing of information to be confirmed, currently held with the LA. The HSCP website is currently in phase 1, all content has been moved over to the new website; further development is required. Go live is expected within the next two months as the work moves into phase 2. Stakeholders meeting held with comms Team from Humberlin Police and Hull CCG present. User testing will be undertaken by professionals at FHS, using the web team and the operational team at HSCP. Priority areas - The original 19 points have been grouped into 3 priorities: Therabids, Partners Working Together and Management Oversight. The Child Death review process has been separated and is now a dedicated workstream, the Executive Board and operational oversight group meetings continue to be held regular and are progressing these plans as expected. New arrangements for Child Death progressing with the COMM (Child Death Review Meeting) process now in place and cases being progressed to CDOV (Child Death Overview Panel) stage. A new IT system of reporting (e-CDOV) proposal will be submitted to the next Executive Board meeting for sign off. Revised roles and responsibilities have been reviewed by the Operational Oversight group, for review and sign off at the CDR (Child Death Review) Executive Board and financial consideration and planning. 17/12/19 Governance arrangements are now established, the CCG lead for this being Executive Director of Nursing (DON) Clare Linley (NLLCCG). A Designated Nurse for Safeguarding commences into role within the hub from 2nd January 2020 to represent the CCG, this is for a 3 month period whilst scoping the role. Key areas of change include local priorities, training and the recruitment of seconded partnership roles and Safeguarding Champions for the future. Statutory roles are now fulfilled and CCG governance maintained. The hub team consisting of representation from the partners will operationalise the strategic priorities for the hub, scope the roles within the hub and develop plans for the future. 25/11/19 - LM The Executive and the operational groups continue to meet and monitor the progress. A gap was recently identified in relation to stakeholder engagement which has resulted in a planned stakeholder event which is taking place on 2nd December 2019. A further update will be provided following this event. 8/10/19 (Debbie Lowe) Hull strategic arrangements have been published based on the Besley model. Handover from the LSCB (Local Safeguarding Children Board) to the partnership took place on 20/09/19 Hull Safeguarding Children Partnership Executive Board has been established, reported to by the Transition Project Group. The Designated nurse represents the CCG on this. Oversight is being maintained by the Executive Board of the HSCP Transition Programme. Key areas of change include local priorities, training and the recruitment of seconded partnership roles and Safeguarding Champions. Statutory roles fulfilled and CCG governance maintained | 27/04/2020 | Lowe, Debbie | Quality and Performance Committee |
| Delivery of Statutory Duties | 939 | Refreshed 25.11.19 Changes to the world's climate and the increase in global warming is having a significant impact including increasing weather extremes including heat-wave, rain (flooding), cold. These weather extremes will have a negative impact on how the CCG operates due to (1) impacts on the working environment arising from excessive heat or cold within the office based affecting individuals ability to work (2) weather extremes which may affect staff members ability to get into work or move about the City with ease due to flooding, melting road surfaces, etc (3) drivers to reduce the CCG's carbon footprint impacting upon where the CCG can source items from | High Risk 10 | High Risk 10 | Updated 27.03.20 KE The CCG has Business Continuity Plans in place to maintain service delivery Sustainability Impact Assessment in place The CCG is working with partner organisations as required on this developing agenda. | Limited at present - identified through the EPRR self-assessment | 25.11.19 Karen Ellis The CCG has self reported as part of the national EPRR core competencies 'deep dive' Limited at present. | Updated 27.03.20 KE The CCG needs to review and agree opportunities to reduce its carbon footprint is reduced. More consistent usage of sustainability impact assessments. | Following the formal risk assessment against climate change if an action plan is identified the CCG will need to agree where this action plan will be overseen | 27.03.20 Karen Ellis Risk refreshed. Still awaiting national guidance which is anticipated will be paused due to the impact of other system priorities. Continued awareness to consider carbon footprint and overall system sustainability promoted. 26.01.20 Karen Ellis - awaiting guidance for what should be included within baseline assessments from NHSE/ 25.11.19 Karen Ellis - Risk refresh to better focus on CCG. Baseline assessment remains outstanding. Karen Ellis 29.08.19 Work is required to systematically evaluate the impact of climate change on the CCG and opportunities to reduce the CCG's carbon footprint | 30/09/2020 | Ellis, Karen | Planning and Commissioning Committee, |
| Delivery of Statutory Duties | 940 | Business information and performance risk in respect of compliance if unable to provide the statutory information within the reporting schedule for NHSE for Continuing Health Care. The resulting impact may have a significant impact on the current model of CHC delivery as well as the immediate proposals for long term delivery - the level of fragmentation in delivery of continued will have a significant bearing on the CCG being able to meet its statutory obligations for reporting going forward. Lead in time to finalise NHS-E proposals and share with CCG's is December 19 - with a 12 month implementation phase for CCG's | High Risk 12 | High Risk 12 | Data task & Finish group has been set up to scope impact and (provide options to the steering group for approval/endorsement (governance systems are in place) | An impact analysis exercise is currently being undertaken to identify viable options and levels of required resource. This will be presented to planning and commissioning in December 2019. | The CCG is involved in on-going WebEx meetings which are made up of CCG nominated leads which brings an opportunity to inform national service spec. | Adequate controls in place | Adequate assurances in place | 06.05.2020 Update Chris Denman: Impact analysis has been completed regarding NHS-E new reporting regime to be introduced April 1st 2021 - the proposed changes have been analysed against current service delivery and are also being used to inform service redesign - to support the future redesign work an exec oversight group has been formed with Tom and arrangements for two work-streams, Data, finance & systems development - workforce development, practice & process. In respect to the programme of redesign the, oversight group and work-streams have been passed to enable prioritisation of the service's response to the Covid 19 emergency discharge arrangements - once the emergency arrangements for CHC have been reviewed to the legal framework responsibilities the redesign programme will recommence and continue to plan for the introduction of the new CHC data reporting processes. In response to the emergency discharge arrangements mechanisms are in place to ensure expedient and proportionate decision making for the application of CHC funds to support temporary packages of care - all temporary arrangements are in line with the emergency legislative guidance and concise information records are being maintained to ensure that a Covid-19 related spend is accounted for and auditable Review in 3 month's time - post Covid Update Deborah Lowe 27/2/20 Structure for Executive oversight and leadership now in place, TOR agreed - this being to ensure pace and that authority is in place in respect of decision making, all aligned with the CCG governance. Workstreams are now established to focus and work through the detailed arrangements and requirements going forward and risks identified and addressed within the outcome of the revised service. Programme support is in place and regular reporting continues within the CCG governance structure. Meetings have been held with the LA in establishing this framework for oversight and decision making going forward, the LA having membership at an operational level and Executive. Further meetings held with CCGP to review current staffing model and to ensure all vacancies are filled following a resignation of a key member of staff and risk to service delivery identified, all resolved and assurance in place regarding recruitment. All priorities with regards to this transformation remain unchanged, all changes being to ensure alignment with the National Framework for NHS Continuing Healthcare and NHS funded Nursing Care, when assessing eligibility for continuing healthcare. The priorities are identifying as - delivery of service, assessment, brokerage and case management and the data recording systems that support the process. The historical approach was to maintain assessment of eligibility with the current CHC team and the brokerage and case management functions to move over to the local authority. Recent developments have identified the future intentions of NHS-EI regarding data, recording, system management and performance/compliance reporting. These requirements have identified risks were the model to remain in its current form, were eligibility assessment and case management functions to be split and provided by different organisations, the risks of any split are further highlighted when considering how children and young people's Continuing Care (CC) is configured NHS Hull CCG continues to support the Personalisation Policy/Strategy across Humber, Coast and Vale and the development of this. Training needs have been identified by the Humber Coast Vale Personalisation group and the agreement from NHS England is to support a training programme to meet these. Continued success with Personal Wheelchair Budgets and national Mentoring continues supported by staff from Hull CCG. 18.12.19 CD - Working Group has been developed to consider options working with IT Team to look at local solution. NHSE publish new data spec in Jan 20 that the Working Group can work towards. Subject to regular monthly reporting and proposal is to review this risk on a quarterly basis. CD - 27/09/19 - The next data group analysis meeting is due to take place on Thursday 3rd October 2019. A briefing paper setting out the risk implications and the controls will be presented to the Senior Leadership Team on 30th September 2019. Proposals will be taken to the planning and commissioning committee in December following the data analysis meeting. The risk score at this point in time will remain the same as initial due to the issue still being in an assessment stage and therefore no agreement on future actions can be made prior to key analysis and meetings etc. taking place which are planned for December when the risk rating will be reviewed. | 31/07/2020 | Lowe, Debbie | Quality and Performance Committee |

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| 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 2019/20. | Adequate controls in place | Adequate assurances in place | 26/02/20 - Mike Napier - Date to be scheduled for BCM plans to be reviewed across all Directorates. 18/12/19 - Michelle Longden - Cascade methods for communication to be reviewed and any actions taken accordingly. 27/11/19 - Michelle Longden - Teams requested to review their BCM Plans and submit a copy to System Resilience Lead. Communications Test took place in October 2019, outcome to be reviewed. 15/07/19 - Mike Napier - Risk reviewed, no change at present. 28/05/19 - Michelle Longden - EPRR/BCM Group continues to meet and make progress on delivery of work plan). | 10/04/2020 | 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, North East Lincolnshire and East Riding Clinical Commissioning Group Health System (including senior manager on call) which could result in inability to maintain effective joint support arrangements, poor service continuity and reputational damage to the CCG. | High Risk 8 | High Risk 8 | EPRR / BCM plan in place, mutual aid arrangements agreed, shared on call rota and coordination between Hull CCG, North Lincolnshire and East Riding CCG, single on call file. | EPRR / BCM group work programme. | NHSE Self Declaration Compliance for 2019/20. | Refresh off on call file to be finalised. | Adequate assurances in place | 26.02.20 Michelle Longden - On Call workshop took place, actions agreed in regards to joint on call arrangements-ordination of systems and plans across four CCG's continues to be consolidated. 18.12.19 Michelle Longden - North East Lincolnshire joining on call rota, co-ordination of systems and plans across four CCG's taking place. On Call workshop taking place in February 2020. 11.11.19 Michelle Longden Continued co-ordination of systems across the three CCGs, further actions agreed at On Call Workshop to include North East Lincolnshire CCG joining the shared on-call arrangements. 02 September 2019 Michelle Longden - Business Continuity Management plan, Major Incident Plan and Emergency Preparedness Resilience and Response Policy submitted to Planning and Commissioning Committee in September 2019 for approval. 15 July 2019 - Mike Napier - Continued collaboration of arrangements and sharing of learning across the three CCGs. 28 May 2019 Michelle Longden, Joint Director on Call Event Workshop for Hull, East Riding and North Lincoln took place on 28 February 2019 to discuss on call arrangements across the patch and the coordinated Emergency Preparedness Resilience and Response (EPRR) / Business Continuity Management (BCM) systems. | 24/04/2020 | Napier, Michael | Planning and Commissioning 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 10 | System in place for reporting incidents Awareness for staff Assurance process around support services/ 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 NHSSD Alerting mechanism Number 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 | 28.04.20 - CC - N3I transition period still in place 03.04.20 - CC - corporate IT six month transition period with N3I Limited began on 01/04/20 26.02.20 CC - transition plan for corporate IT is still in progress but the level of confidence in the current procedures remains the same. 18.12.19 - John Mitchell, no updates at present until transition complete, level of overall confidence in procedures is acceptable. 11.11.19 CC - training has now taken place for on call directors, the new GP IT spec details around better on call provision, new supplier to be in place as from April 2020. 11.10.19 - John Mitchell, On Call Workshop took place with On Call Directors across Patch on 16 September 2019 to discuss Cyber and perform desktop exercise. Now on third round of Cyber Training and Desktop Exercises, training date for Hull to be agreed. The specification for new IT contract has provision for major incident and out of hours serious support. 11.07.19 - John Mitchell - has attended regional training meetings and has gained additional reassurance that processes in place are appropriate. In addition we have made sure that GP IT specifications have the appropriate level of working standards applied. 06.06.19 - Carrie Cranston - workshop to be rearranged for September 2019, with Digital team for action. | 14/02/2020 | Mitchell, John | Integrated Audit and Governance Committee, Primary Care Commissioning Committee |
| Delivery of Statutory Duties | 911 | Humber Foundation Trust 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 12 | Trust internal strategies/controls Inc Board Performance Reports Remedial actions monitored via Clinical Quality Group and CMB (Corporate Management Board) Monitored through System Resilience Group Trust has closed PICU (Paediatric Intensive Care Unit) beds | 8 (Business Intelligence) and Quality Team report to Quality & Performance with ability to escalate to Board as necessary. In addition also monitored via the local Quality and Surveillance report to NHS England which includes input from NHSE/ (NHS England/NHS Improvement) and CCG (Care Quality Commission). | Trust internal bed management monthly meeting Trust Performance report to Trust Board | Increased system resilience, and timeliness of communication and escalation of communication across the local health and social care economy needed. | Adequate assurances in place | 27.03.20 RT Risk continues but is being monitored at the Humber QDG (Quality Delivery Group) Meetings regularly. The Trust provides agenda specific feedback at every meeting on services with long waits and how the risks to patients are managed. The Trust is engaging in specific pieces of work looking at skill mix and recruitment to improve staffing levels. There is also a specific work stream looking at waiting times for CHMT (Community Mental Health Team). 17.12.19 RT Risk continues but is being monitored at the Humber QDG Meetings regularly. At the December 19 meeting Humber announced that all directorates are now required to submit plans as to how they will manage every vacancy within the Trust 25.10.19 - GJ/RT - 15/07/2019 - Debbie Lowe. Risk continues but is being monitored at the Humber QDG Meetings regularly. Recent restructuring at Humber is designed to release additional clinical capacity. Humber have launched Professionally Led Organisationally Enabled Strategy focusing on workforce issues 15/07/2019 - Debbie Lowe. Risk continues but is being monitored at the Humber QDG Meetings regularly. Recent restructuring at Humber is designed to release additional clinical capacity. QDG receives regular Safer Staffing Report updates | 12/06/2020 | Lowe, Debbie | Planning and Commissioning Committee, Quality and Performance Committee |
| Delivery of Statutory Duties | 918 | 11.10.2019 Update: Risk description remains. Risk score increased to 9 due to the issues related to long waiting times for children requiring autism assessment and speech and language therapy. 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 | 05.02.2020 Update The outcome letter of the joint SEND inspection revisit (dated 4 December) and published 23 December 2019. The letter states the area has made sufficient progress in addressing two of the four significant weaknesses identified at the initial inspection. However, the area has not made sufficient progress in addressing two significant weaknesses:- - Families are involved in decision-making about the services and support they need and are aware of the resources available to them in the local area - There is an effective strategy in place for jointly commissioning services across education, health and social care. The revised SEND Improvement Plan (October 2019 – 2020) focuses on co-production with children, young people and families and frontline professionals, improvements to SEND data and performance through the development of JNA and dashboard that will be used to improve joint commissioning of services. Work in relation to short breaks, personal budgets, autism, speech and language and sensory processing services will continue with the aim to evidence improved outcomes for children and young people. The governance structure related to the SEND improvement plan are being reviewed and implemented through the overarching SEND Strategic Board co-chaired by the LA Director of Children's Services and the CCG Director of Integrated Commissioning. The Department of Education and NHS England will determine the next steps and requirements through a meeting with LA and CCG executive leads in February 2020. This is likely to include continued monitoring of the improvement plan by the DfE and NHSE. | 05.02.2020 Update The SEND Strategic Board will ensure the SEND Improvement plan demonstrate improved performance and outcomes for children and young people with SEND and their families within a model of co-production with parents, children and young people and key stakeholders. The SEND Delivery Group replaces the previous SEND Assurance Forum and the inaugural meeting will be chaired by the CCG Director of Integrated Commissioning. This group is responsible for driving forward the improvement plan and reports to the SEND Strategic Board. Further assurances related to CCG-led elements of this work are reported through CCG Joint Commissioning Forum, Quality and Performance Committees, Planning and Commissioning Committee and the Humber Foundation Trust Children's and Learning Disability Delivery Group. 11.10.2019 Update Designated posts have been made permanent. Continuity has been maintained through the | 05.02.2020 Update The Department of Education and NHS England will determine the next steps and requirements through a meeting with LA and CCG executive leads in February 2020. This is likely to include continued monitoring of the improvement plan by the DfE and NHSE on a quarterly basis. 11.10.2019 Update Progress and impact including external assurance is through the SEND Strategic Board (Director level) and the SEND Accountability Forum (SAF) with CCG and Designated professional representation. Reports are made and monitored to: - 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 | 01.05.2020 Bernie Dawson. Risk Update The risk remains moderate due to the requirements of further monitoring of the SEND Accelerated Progress Plan (SEND APP) by DfE and NHSE as an outcome of the SEND Local Area Review in October 2019. The SEND APP is overseen by the Hull Children's Services Improvement Board and the SEND Strategic Board, Chaired by the DfE and Interim Director of Integrated Commissioning. The SEND Delivery Group is responsible for the delivery of the APP and informed by the work and feedback from the SEND Network (yet to meet). Progress on the SEND APP has been variable due to service changes and challenges in response to Covid-19. This work is being captured and progress/challenges reported through the above governance structure and with approval from DfE and NHSE (April 2020). 05.02.2020 Bernie Dawson Risk Update The risk remains moderate due to the identified issues in the outcome letter of the SEND Inspection Review of October 2019. The CCG Board and Committees have been informed of the outcome letter and plans for improvement. The DfE and NHSE will determine the next steps at a joint meeting with the executive leads from Hull City Council and the CCG in February 2020. The revised SEND Improvement Plan focuses on the feedback from the revisit. 11.10.2019 - Bernie Dawson Risk update The risk remains the same due to the identified issues related to children's autism assessment and speech and language therapy waiting times. The joint SEND Inspection Revisit will take place 15 - 17 October 2019. The outcome of this revisit will be expected within 28 days of the revisit. All findings and recommendations will be reported through the CCG Board and associated Committees. 06.09.2019 Risk Update: Bernie Dawson. The DfE is in place and awarded by the Community Paediatric Medical Service. The CCG has appointed to the DCO post and awaiting start date (expected November 2019). The current DCO has remained on reduced hours (15 per week) until new DCO is in post. The SEND Strategic Board has provided senior leadership oversight to the SEND improvement plan, and progress and outcomes of the Send Assurance Forum. The SAF partnership met with DfE lead in August in the preparation and requirements of the SEND revisit (expected Sept - Dec 2019). CCG leads are preparing for the SEND revisit by collating evidence of progress and impact of outcomes. Systems are in place to ensure the CCG and provider health services are ready for the unannounced revisit. Concerns remain regarding waiting times for children's autism assessment and speech and language therapy services. 26.06.2019 Risk Update: Bernie Dawson The LA has appointed an interim Head of Learning Skills and Development who is leading the SEND agenda. A new strategic oversight board is in development with CCG | 06/07/2020 | Dawson, Ms Bernie | Integrated Audit and Governance Committee |

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| | | | | 11.10.2018 Update The Designated Medical Officer and Designated Clinical Officer (DCO) remain in post. The new DCO will replace the outgoing DCO 2 December 2019 and this has been made a permanent position within the CCG. There remains a dedicated CCG lead officer for SEND Strategic Lead for Children, young People and Maternity) that reports direct to the Director of Integrated Commissioning. 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. | existing posts that support robust risk management and reporting. 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. | | | | Quality Lead as a member. The SAF Board has approved the SEND Improvement Plan to date. There are significant improvement plans in place related to Autism and speech and language therapy services that include additional recurrent CCG funding. Recruitment to the DCO post is in progress with interview planned for 4 July 2019. Until there is evidence of progress and impact that has been approved by the SEND Review December 2019 the risk remains at 9. | | | | |
| To embed Patient and Public Involvement across the organisation and ensure that the CCG meets its statutory duty under 142Z 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 resulting in services not being sustainable. | High Risk 12 | High Risk 12 | Development of a Communications and Engagement plan with patients and the public for the CCG Primary Care Blueprint. | Reports to the Communications and Engagement sub-group and the Primary Care 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 | Phil Davis - 16/04/20 - In light of COVID-19 all practices following national guidance to implement telephone triage, telephone and video consultation, electronic prescribing etc to minimise face-face activity. National and local communications supporting this approach. Phil Davis - 13/02/20 - CCG Engagement and Consultation Assurance Framework developed which will be applicable to and used to support primary medical care services. Phil Davis - 19/12/19 - Following advice received from IAGC the risk rating has been increased back to High Risk 12 to allow further progress in relation to the actions to be made. Phil Davis - 03/12/19 - Draft edition of My City My Health My Care produced. PCN OD plans include developing working with patients and communities. Phil Davis - 15/10/19 - Further discussion to be had with Health & Wellbeing Overview & Scrutiny Commission Chair regarding the Consultation protocol - hence not taken to October meeting. Next My City My Health My Care edition being drafted and to include focus on Primary Care Networks, Primary Care Network GGP Plans submitted at end of September include actions in relation to the Working with People and Communities domain of the maturity matrix e.g. - working with Health watch committees, community groups and developing PPGs. Risk rating adjusted from 12 to 8. Phil Davis - 21/08/19 - Draft Consultation protocol produced by Associate Director of Communications and Engagement and Hull City Council Scrutiny Officer. To be submitted to October 2019 Scrutiny Commission. Phil Davis - 16/07/19 - CCG attended Health & Wellbeing Overview & Scrutiny Commission (OSCon 12/07/19). A Consultation Protocol is to be developed to ensure required engagement/consultation takes place with regard to proposed service changes. Regular primary care updates, including risks and mitigating actions, to continue to be provided to OSC. CCG and Health watch to provide on-going support for Patient Participation Groups. Risk score to be maintained as High Risk 12. Phil Davis - 17/06/19 - Modality Hull attended Health & Wellbeing Overview & Scrutiny Commission 14/06/19. The Commission questioned the purpose and value of the engagement exercise as well as the drivers and evidence base for change, and did not feel able to lend support to any proposals that would see the closure of the Faith House Practice. Other practice mergers in the east of the city progressing. | 08/06/2020 | Davis, Phil | Primary Care Commissioning Committee |
| Integrated and joint 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 (DOTC) particularly over the winter months. | 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. There is a multi-agency operational monthly meeting to monitor the market and quality monitoring activity undertaken. This includes representation from the CCG, Health watch, 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. | 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 CCG, Health watch, 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 Hull City Council (HCC) risk register. Care Quality Commission (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 reports to and from the Performance and Quality committee. The 3 largest providers in Hull have suspensions in place and are subject to CCG enforcement action. | 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 CCG enforcement action. | Updated 4/5/20 DL/CD- CCG (CD/TY) prior to Coronavirus were working with home care team at LA in developing a new tender which is aimed as complex clinical health issues, to inform a new service specification. To review opportunities in working with more specialised provider within Hull - this is now paused due to Coronavirus. Currently some new packages of care are difficult to achieve and commission in that home care providers are not responding as done previously. Some are equally closed for admission or partially closed. This is currently with the LA commissioning team in working with providers in relation to the reduction in capacity. The priority is currently hospital discharges therefore patients may not be able to access from the community, for respite and short stay as timely as previously. Any CHC will be supported by Hull CCG as direct commission as part of PHB, therefore on the current contract. This being to expediate discharge. Care home tracker is now operational and gives good oversight of capacity, staffing, PPE at present. Care homes continue to report daily to the LA quality team and brokerage team. Update DL 28/7/19 The Care Quality Board (attended by Hull CCG, CCG, Healthwatch, LA) continues to meet monthly whereby homecare capacity is discussed and any suspensions or changes to the current provision monitored and issues highlighted. Issues in relation to quality continue to impact on provision - suspensions continue to be monitored by the group. The quality surveillance dashboard now in final stage of development, expected to be completed and for regular circulation in March 2020. This will enable increased oversight of the thematic issues which are impacting, enable a more thematic review and therefore targeted improvement support and guidance. Hull CCG SLT continue to receive regular updates, as planned this will be informed by the quality dashboard information once implemented and testing complete. 28/12/19 (DL) From December 2019 SLT now receive a weekly update on any new issues arising in relation to this provision within the city. This includes capacity and quality issues which may impact on user experience and capacity whereby admissions are suspended. The report also details any other concerns which may impact upon provision within the City. 15.07.19 CD - work has been done with the current spot purchase market to assure capacity in response to on-going concerns regarding under provision - LA commissioner (G) has begun redevelopment of the Home Care service specification - colleagues in CCG CD & TY are supporting the re-commissioning process. Procurement timescale advertised to the market Oct 19. | 08/06/2020 | Low, Debbie | Quality and Performance Committee |
| Integrated and Commissioning | 839 | Waiting times for CYP with Autism in the City exceed NIS Target of 18 weeks This results in CYP and families struggling to maintain daily life and CYP education attainment and wider social inclusion Engagement with Charities - Matthew's Hub, Alm higher, KIDS to ascertain additional input and support to CYP and families who are awaiting assessment and diagnosis. HISTORIC NHS Hull CCG agreed additional investment of £670k per annum from Jan 2019 new service model agreed which will deliver an assessment, diagnostic and post diagnostic support model delivered by Humber Teaching NHS FT and Kids Charity Waiting List reduction trajectory agreed which is monitored monthly by Hull CCG lead commissioner. | High Risk 12 | High Risk 12 | CYP Autism Waiting list reduction trajectory agreed - 18 week compliant by June 2021. This is being monitored 6 weekly. New staff team will be fully in place Sept 2019. Autism Flashcard produced and updated monthly which is shared with joint commissioning Board at the CCG. SEND - Hull City Council - monitoring monthly. | There are internal assurance processes in place through the CMB and contract monitoring and review meetings in relation to the lead organisation (HPT). Autism Flashcard produced and updated monthly which is shared with joint commissioning Board at the CCG. SEND - Hull City Council - monitoring monthly. | There are external assurance processes through CYP THRIVE Board and SEND monitoring which reports to the CYP and Maternity Programme Board (CG) and to the Children and Families Board (Partnership). | Recruitment of new staff team required to enable delivery of the new service model and overall reduction in waiting times. New staff team recruited and all staff will be in post by September 2019 | Adequate assurances in place. | 26.04.20 - Mel Bradbury - Due to Covid 19 and restrictions in place regarding closures of schools Humber Teaching FT are unable to undertake face to face assessments, all parents of young people have been contacted and have been offered Healos online assessment, in addition clinical teams are doing desktop assessments and telephone calls with families however they are unable to complete full assessments as schools are closed, this will impact on the reduction of the waiting list. All families have also been offered telephone support with coping methods during this time. MB Update 14.02.2020 Waiting list continues to reduce each month. New service provision commissioned from Matthews Hub to support young people aged 14+ on the waiting list Engagement is planned with schools and education settings to ensure robust support to young people in education Discussions have commenced with East Riding CCG and Humber NHS FT regarding the opportunity for a single Autism and ADHD pathway across Hull and E Riding - this will link with the wider Neuro Disability development led by Keme Dawson Mel Bradbury - As at November 2019 Waiting list has reduced each month for last 3 months 3 new staff now triaging all referrals which is ensuring patients get to the right waiting list (previously held on autism until triaged then moved to alternative waiting list) Healos on line assessments have commenced Initial meeting held with Matthews Hub re 14+ support - further meeting to take place in November 2019 to progress Hull Council reviewing all young people on autism waiting list to ascertain what other services the child or family is accessing - so far positive response demonstrating wider support is being delivered whilst the child is waiting assessment and diagnosis B update 09.10.2019 Waiting list has reduced again in the last month Impact of the 3 nurses at the front door is positive and ensures young people are on the right pathway at the beginning of referral process rather than waiting for autism assessment and then placed on alternative service pathway Engagement with young people with autism is increasing to ensure the new pathway we have commissioned continues to meet the needs of young people and their families CCG has agreed additional funding to support people who are on the waiting list - via Matthews Hub. New THRIVE strategic board has commenced meeting - combining previous CAMHS Transformation Plan Board and Head Start Board. It is understood there is further support we can receive from voluntary sector and opportunities for further joint work with voluntary sector is being explored. | 29/05/2020 | Bradbury, Melanie | Planning and Commissioning Committee |
| Integrated and | 861 | **Risk updated 28/04/20 by LS - 8 never | High Risk 12 | High Risk 12 | *Trained qualified and experienced Medical, Nursing and support Staff | G&P review quarterly SI reports as to the | The Trust are implementing positive | Recurring surgical never | 21/08/2019 - RT - CCG | Updated 28/04/20 - LS HUTHT declared 8 never events during 2019/20, of which 6 were surgical related. A further 2 surgical related never events have been declared | 30/06/2020 | Low, Debbie | Quality and |

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| <p>Joint Commissioning</p> | <p>events reported during 2019/20, of which 6 were surgical in nature. A further two reported during Q1 of 2020/21 again, surgical related**</p> <p>**Risk updated by LS 17/12/19 - the 11 never events are now localised to wrong site surgery as there have been various categories**.</p> <p>Risk to quality and safety in patient care commissioned by NHS Hull CCG. HUTH (Hull University Teaching Hospitals) are reporting a notable increase in 'never events' (8 Year To Date)</p> <p>The risk is caused by a failure to have been embedded or carry out robust checking processes.</p> | | | <p>*Organisation complies with the National Patient Safety Agency / World Health Organisation safer surgical checklist, *Mortality indicators are reviewed via a HUTH Mortality Group *Serious Incidents / Never Events are investigated by the organisation (HUTH) and lessons learnt. 21.08.19** - New HUTH Serious Incident Committee chaired by Director of Nursing & Attended by Medical Director - reviewing 51 (serious incidents) themes & Learning for HUTH 26/02/20 LS - A peer review has been undertaken by Airedale Trust on HUTH's surgical checking procedures.</p> | <p>Board. Monthly 51 panels highlighting common themes from 51 reports and requesting actions from providers. 8i-monthly quality delivery group discussions. NIND (World Health Organisation) surgical checklist Audit of checklist A KPI (Key Performance Indicator) within the contract which is monitored via HUTH CMB.</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> | <p>Events</p> | <p>awaiting new national Serious Incident Reporting Framework which has been delayed again. Processes for managing 51 and Never Events will be reviewed when new national guidance is issued. 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. Recurring themes which demonstrate a lack of learning.</p> <p>during Q1 of 2020/21. The letter detailing the findings following the peer review undertaken by Airedale Trust and the subsequent Trust action plan has now been submitted however further work is required on the action plan as it lacks measurable outcomes. The concerns regarding the frequency and nature of the Trusts never events will be escalated to NHS5 (England and NHS improvement) as part of surveillance of quality. A full external review of the Trusts surgical safety practices is recommended. Update 28/2/20 (DL) HUTH have now reported a total of 8 Never Events 1- Retained foreign object 1- NG tube incident 4- wrong site surgery 1- Medication error 1- Wrong Site Medication (Surgery) The SI investigation panel continue to maintain oversight of all serious incident reporting, at this time the CCG is awaiting the formal outcome of a recent 'peer review' of theatres which has been undertaken within the trust by a specialist team from Airedale Hospital. The Quality Delivery Group continues to review patient safety, as confirmed the trust have now commenced post incident simulation exercises and have in place a 10 point safety plan including training in trying to mitigate against serious incidents. 26/02/2020 - LS HUTH have reported 8 never events YTD (year to date). The majority of these are surgical in nature. Commonalities identified from completed investigations have identified a failure to undertake appropriate safety checks - cultural issues getting in the way of safety. A peer review was undertaken of the Trusts surgical checklists by Airedale Trust in December 2019. The formal outcome is awaited however initial findings indicated that there are some cultural issues preventing safety checks to be undertaken appropriately. 17/12/19 - HUTH have declared six never events YTD, the latest one being a wrong site surgery within the maternity services. The Trust are undertaking a simulation exercise to undertake the investigation. At this point in time there are no commonalities identified from the completed investigations however a thematic review will be undertaken once all investigations are complete.</p> | | <p>Performance Committee</p> |
| <p>Integrated and joint Commissioning</p> | <p>868 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.</p> | <p>High Risk 9</p> | <p>High Risk 9</p> | <p>15.07.19 JD In addition to controls below: Case manager reviews all individuals within Transforming Care programme as part of established caseload. Reporting and monitoring at individual patient level through Transforming Care Partnership Board. 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 ID 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.</p> | <p>15.07.19 JD Small cohort of patients, all have been subject to regular review of placements and all deemed to be appropriately placed at this time based on their clinical needs. 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 ID 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</p> | <p>Adequate controls in place</p> | <p>Adequate assurances in place 21.02.19 JD The Transforming Care Partnership governance and approach is fully embedded and the residual reputational risk around hospital based care is sufficiently low to not warrant inclusion on the corporate risk register. The service delivery risks are covered in Risk 943 and it is therefore requested that this risk is closed. 15.07.19 JD Reputational risk remains due to perceptions of 'hospital' based care and stated government policy to eliminate all such placements, however if residual NHS Hull CCG patient placements have been reviewed and determined as being clinically appropriate for the individuals. 02.05.19 KE - work continues to progress and risk well managed where it is within the CCGs direct control. Risks remain associated with the impact of patients stepping down from specialised services into CCG commissioned services</p> | <p>27/03/2020</p> | <p>Dodson, Mrs Joy Planning and Commissioning Committee</p> |
| <p>Integrated and joint Commissioning</p> | <p>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.</p> | <p>High Risk 12</p> | <p>Extreme Risk 16</p> | <p>05.02.2020 Update The CCG continues to monitor and review progress on the SLT service development and improvement plan (SDIP) and evidence of improved development and outcomes at bi-monthly service development meetings and through the Humble Foundation Trust Children's and Learning Disability Delivery Group. Contractual processes remain in place and the recent Contract Variation has included a revised Service Specification, SDIP and additional recurrent funding. 11.10.2019 Update The CCG has increased recurrent investment into the service (July 2019) that will increase workforce capacity and support a longer term sustainable service. Additional funding has been agreed that will strengthen the wider system work for speech language and communication needs with a focus on early years, early identification and early help. Bi-monthly Service development meetings led by HFT and attended by CCG lead officers monitor and review progress against the service development and improvement plan. This is reviewed at various contracting and other forum's including Humble Children and Learning Disabilities Group, CCG Planning and Commissioning and Quality and Performance Committee's. Additional executive summit meetings also provide additional oversight of progress, impact and outcomes. 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 variations to be completed once service level data including waiting lists have been completed and trajectory agreed.</p> | <p>05.02.2020 Update Internal assurance continue that include Joint Commissioning Forum and relevant CCG Committees and Board. The HFT Children and Learning Disability Delivery Group, HFT/CCG CTG meetings also provide assurance. 11.10.2019 Update Internal assurances continue that include joint reference to the concerns of parents and carers related to timely access to this service. The DfE and NHS5 will determine next steps at a meeting with LS and CCG executive leads in February 2020. This is likely to include continued external monitoring by DfE and NHS5. 11.10.2019 Update The WSDA and SEND Improvement Plans have been monitored quarterly by DfE and NHS5. Concerns have been raised at the these visits regarding the lack of progress and impact of the service improvement plan. The joint SEND inspection revisit will take place 15-17 October 2019 and has a specific focus on speech and language therapy service outcomes and impact. SEND Written Statement of Action (WSDA) and Improvement Plan - monitored by the SdF Board and reported to the Children's Services Improvement Board. SEND WSA monitored by DfE and DfH on quarterly basis.</p> | <p>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 forums at various levels including executive, senior leadership and working with the operational levels.</p> | <p>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. 03.05.20. Risk Update. Bernie Dawson As of March 2020 There are a total of 900 children waiting for SLT. 605 CYP waiting for SLT initial assessment (increase). Of those 136 were waiting over 18 weeks (increase). The average wait is 11.7 weeks and longest wait 47.9 weeks (increase). 295 CYP waiting for first intervention/treatment (decrease). Of those 249 were waiting over 18 weeks (RTT) (decrease). The average wait is 33.7 weeks and longest wait 70.7 weeks (decrease). Due to the increase in total numbers waiting and the decrease in the number of children waiting over 18 weeks for RTT the risk has been maintained as high. The service is maintaining full service provision adopted to comply with Covid-19 guidance including increased use of technology for assessment, care planning and delivery. All therapy services continue to see children for face-to-face assessment and therapy in home/school setting when required. The 3 x WTS Speech Language and Communication Needs (SLCN) Early Years Practitioners have commenced in post. The SCLN working group are developing the service provision and support integrated working and evidence outcomes. The revised SEND Accelerated Project Plan (APP) has a clear focus on this service and progress will be reported to the SEND Strategy Board and Children's Services Improvement Board and to DfE and NHS5 through agreed monitoring processes. 05.02.2020. Risk Update. Bernie Dawson As of December 2019. 692 CYP waiting for SLT initial assessment (increase). Of those 84 were waiting over 18 weeks (decrease since Oct 2019). The average wait is 10.6 weeks and longest wait 44 weeks. 374 CYP waiting for first intervention/treatment. Of those 314 waiting over 18 weeks (RTT) (decrease). The average wait 34.5 weeks and longest wait 76.3 weeks (static). Due to the decrease in the number of children waiting over 18 weeks the risk has been reduced to high. The service has appointed to 3 x WTS Speech Language and Communication Needs (SLCN) Early Years Practitioners who will commence in post by March 2020. The SCLN working group are developing the service pathways that will support integrated working and evidence outcomes. The revised SEND Improvement Plan has a clear focus on this service and progress will be reported to the SEND Strategy Board. 11.10.2019. Risk Update. Bernie Dawson As of August 2019 397 CYP waiting for SLT initial assessment (reduced). Of those 70 were waiting over 18 weeks (reduced). The average wait is 12.1 weeks and longest wait 42 weeks. 398 CYP waiting for first intervention/treatment. Of those 347 waiting over 18 weeks (RTT) (increased). The average wait 33.6 weeks and longest wait 76.7 weeks (increased). What the waiting list remains high the risk remains extreme. Additional recurrent funding has been approved that will support the wider speech language and communication needs within early years (the largest cohort of referrals). The local authority will commence 'Talking Two's Programme' across early years in November 2019. The SEND inspection revisit 15 - 17 October will focus on speech and language therapy service impact and outcomes. 06.09.2019 Risk Update. Bernie Dawson As of July 2019 there were: 490 CYP waiting for SLT initial assessment (reduced). Of those 118 were waiting over 18 weeks (reduced). The average wait is 11.4 weeks and longest wait 36 weeks. 330 CYP waiting for first intervention/treatment. Of those 278 waiting over 18 weeks (RTT) (increased). The average wait 31.9 weeks and longest wait 72.3 weeks (increased). What the waiting list remains high the risk remains extreme. The service has secured additional staff including qualified therapists and support staff with a range of start dates over the next 3 months. Recruitment continues through the additional recurrent investment. The revised service specification including service model and pathways is out for consultation and will be presented for approval at Hull CCG Planning and Commissioning Committee October 2019. Work is in progress to establish a recovery trajectory. The CCG investment to Hull CC for the pre-school Summer 'Talking Together' project has evidenced some key successes. 108 children awaiting SLT initial assessment were seen for an additional session run by early years staff. Outcomes have included supporting access to early years provision for some children not attending. Parental feedback from the session was very positive. The CCG is developing a business case for September Prioritisation Panel that will take this initiative forward through Speech and Language Therapy Assistants to work with locally Early Years SENCO's, 0-19, Children's Centres and private settings in relation to Speech, language and communication development.</p> | <p>05/07/2020</p> | <p>Dawson, Ms Bernie Planning and Commissioning Committee, Quality and Performance Committee</p> |
| <p>Integrated Delivery</p> | <p>942 Lack of capacity/capability within Primary Care Networks and the CCG to support Primary Care Networks to deliver the Long Term Plan.</p> | <p>High Risk 8</p> | <p>High Risk 8</p> | <p>Core Primary Care Team in place within CCG - Strategic Lead, Head of Commissioning - Integrated Delivery, Commissioning Manager, Commissioning Lead - Quality Lead and NHS E/I Assistant Contracts Manager. 5 PCNs approved in Hull with Clinical Directors appointed. Support roles approved by CCG for each PCN - Lead Nurse, Clinical Pharmacist and BI role. Wider support for PCNs from CCG teams - e.g. BI, Comms & Engagement. PCN self-completion of Maturity Matrix and OD Plans. Resource available through HCV STP for PCN and Clinical Director development. Humberstone LMCs Clinical Director development offer.</p> | <p>Reports to Primary Care Commissioning Committee regarding PCN establishment and development. Regular communication with PCNs and escalating any issues to SLT if required.</p> | <p>Adequate controls in place</p> | <p>Adequate assurances in place. 16/04/20 Phil Davis - Each PCN has an allocated CCG support manager to support them. Due to COVID-19 focus has been on developing operational response including PCNs. Work undertaken with ICC Family Teams and PCNs to allocate care homes in Hull to PCNs to support COVID-19 response and the delivery of the requirements of the Enhanced Care in Care Homes service specification in 2020/21. 19/02/20 Phil Davis - CCG to work through implications of revised National Service Specifications and develop required support to PCNs for delivery in 2020/21. 29/10/19 Phil Davis - PCN OD Plans developed and resource allocated to each PCN for implementation. CCG & HCV STP providing support to PCNs across a range of issues including population health management (accelerator programme). Work on going within CCG to develop support offer to PCNs building on the 3 roles approved in August (Leads for Nursing, Clinical Pharmacy and Business Intelligence) e.g. support to PCN strategic leads as a group. 29/10/19 Phil Davis - This is a new risk added to the register following consideration at the Primary Care Commissioning Committee. It reflects a development of the previous risk 901 which is recommended is closed. (IAGC to consider closure of 901 at the November 2019 meeting.)</p> | <p>08/06/2020</p> | <p>Davis, Phil Primary Care Commissioning Committee</p> |

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| Integrated Delivery | 902 | CCG practices unable to maintain a resilient primary care workforce resulting in reduced access to services and patient needs not being met. | Extreme Risk 20 | Extreme Risk 16 | Development and implementation of CCG primary care workforce strategy and associated initiatives e.g. International GP Recruitment, PCN Ready, Physician Associate Schemes. Use of National Workforce Reporting System to monitor trends in primary care workforce. Primary Care Networks to be supported to develop new roles as outlined in NHS Long Term Plan and for which reimbursement available through Network DES. Development of HCBW 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. S1P Strategic Partnership Board to oversee out of hospital care work-stream. | External support for practice groupings to cover support for addressing workforce challenges | Need for NHS Pensions issue to be addressed at a national level to address the increasing the number of GPs retiring. | Adequate assurances in place. | Phil Davis - 16/04/20 - COVID-19 presents a considerable challenge to all practices regarding workforce through risks of illness and/or self-isolation reducing staff availability and hence service provision. Practices have taken steps to address challenges and reduce risk by moving to triage based systems and utilisation of telephone/video and online consultation. Where face-to-face consultations need to take place either separate or Hot/Cold sites have been established or arrangements to triage externally to buildings and utilisation of dedicated rooms has been put in place. Practices and PCNs have consolidated sites from where services are delivered and are working collaboratively to minimise risk. As plans are further developed for the availability of testing for staff the number absent from work may reduce. A daily STREIP process is in place to understand current status of practices in terms of staff absences and impacts upon services, and any other challenges practices face. A RAG rating is provided by each practice and to date the vast majority have been Green i.e. "No concerns, expecting challenges but confident contingency plans can be effective." The PCCC may wish to consider whether a separate COVID-19 primary care risk should be added to the risk register. Phil Davis - 13/02/20 - Clarification at December PCCC that GPs not covered by national proposals - awaiting confirmation by NHSE. Revised GP contract arrangement for 2020/21 provide for: more flexibility with the Additional Roles Reimbursement Scheme - more roles to be included and 100% reimbursement to be applicable to all roles, changes to medical/GP training to include more time spent in primary care. Catalyst programme for GPs in first year of practice developed to secure more Drs working in primary care. Phil Davis - 03/12/19 - Indication that NHS Pension scheme will be addressed at a national level. New NHS E post to support primary care develop apprenticeships now in post. Reception and clerical staff training needs assessment to be undertaken at HCBW level. Phil Davis - 15/10/19 - GP and GPN Ready Schemes being developed at HCBW level to support new GPs and Nurses working in a primary care setting. PCN Additional Roles reimbursement scheme details now available to support PCNs to expand the workforce through the Network DES. Work being undertaken to explore mental health worker roles in primary care. Phil Davis - 21/08/19 - Primary Care workforce analysis being undertaken at PCN and practice level to validate current position and identify future risks. Phil Davis - 16/07/19 - Risk controls reviewed and amended. In light of known GP workforce issues risk rating increased to Extreme Risk: 20. Phil Davis - 17/06/19 - Further development of PC Workforce Strategy to be undertaken. Primary Care Networks have received further information and guidance in relation to the Network DES additional roles reimbursement scheme. International GP Recruitment scheme latest weekend held in April 2019 - 3 Spanish GPs anticipated to commence placements in Hull in September 2019. | 08/06/2020 | Davis, Phil | Primary Care Commissioning Committee |
| Integrated Delivery | 930 | Practices may not remain part of a Primary Care Network (PCN) and therefore do not support delivery of the CCG Strategic Commissioning Plan for Primary Care and are unable to access resources associated with PCNs thereby making themselves vulnerable/unustainable. | High Risk 8 | High Risk 9 | Integrated Delivery Framework - developed October 2017 Local Quality Premium Scheme - 2018/19 scheme developed QO and other support to practice grouping - on-going | Reports to Primary Care Commissioning Committee | Reports to NHS England as part of regular CCG performance reviews | Adequate controls in place | Adequate assurances in place. | Phil Davis - 16/04/20 - COVID-19 has resulted in limited further progression of PCN OD Plans. However practices in PCNs are working collaboratively to develop solutions to the challenges of COVID-19 e.g., Hot/Cold sites and home visiting services etc. No practices have advised the CCG that they do not wish to remain part of a PCN or participate in the Network DES. Phil Davis - 13/02/20 - CCG to support PCNs in progressing and implementing OD plans. National service specifications published in December refreshed, two being deferred, along with changes to Additional Roles Reimbursement Scheme to provide 100% reimbursement for a wider range of roles. Phil Davis - 03/12/19 - PCN OD plans include proposals for PCN development including development of vision and priorities. CCG Extended Primary Care Medical Services to be commissioned from PCNs from April 2020. Phil Davis - 15/10/19 - All PCNs have submitted their maturity matrix and OD plans by 30th September deadline. Responses and support for PCNs being developed with NHSE/1 to respond to needs identified. PCNs continue to develop their ways of working and significant resource available to support PCN plans and to develop PCN Clinical Directors. Risk rating reduce from 12 to 8. Phil Davis - 21/08/19 - PCN development support prospectus published to support PCNs. Each PCN developing an organisational development plans by end September 2019. Phil Davis - 16/07/19 - Risk rewritten to reflect Primary Care Networks (PCN) national policy as set out in NHS Long Term Plan and new GP contract/Network DES. All practices in Hull were included within one of 5 PCNs by end of May and all 5 PCNs approved by HCBW Primary Care Programme Board at meeting on 30/05/19. Network and Data Sharing Agreements developed. Awaiting confirmation of full practice sign up in 2 PCNs. Phil Davis - 17/04/19 - information available indicates that some groupings do not currently have the minimum 30,000 patients required to become a Primary Care Network. CCG and LMC testing and advising practices/emerging PCNs on requirements. Joint LMC/CCG event to be held on April 23rd. 08/02/19 - New NHS Long Term Plan and GP contract requires practices to work within a Primary Care Network of a minimum of 30,000 - 50,000 patients. Recurrent funding available to be made available to support Primary Care Networks. | 08/06/2020 | Davis, Phil | Primary Care Commissioning Committee |
| Vulnerable People | 943 | NHS England are continuing with their programme of closing secure hospital beds and identifying patients who could receive care within lower levels of hospital security or the community. At this time the CCG is struggling to identify suitable care packages with community care providers (not NHS Providers) who are able to respond to the complexity and risk these patients present. This is also compounded by the requirement of 21 observations in the community which in many cases are more restrictive than the level of observation the patient received in secure hospital care. The CCG is working closely with the | High Risk 9 | High Risk 12 | Case Management and information sharing meetings held monthly across the Transforming Care Partnership (TCP) to share intelligence and information regarding the care market. market development with (non NHS) community care providers partnership work with MAPPA - Multi Agency Public Protection | close working with neighbouring CCGs close work with Hull City Council support to community care providers support from NHS MH and LD services to support community care packages working alongside (non NHS) community care providers support from NHS MH and LD services to support community care packages working alongside (non NHS) community care providers | close working with neighbouring CCGs close work with Hull City Council support to community care providers support from NHS MH and LD services to support community care packages working alongside (non NHS) community care providers | Adequate controls in place | Adequate assurances in place. | Melanie Bradbury, 29.04.20 No change as per February update working with NHS England and Numbur Teaching Foundation Trust to support discharge of patients from hospital, however we are having to work within the parameters of Covid 19 guidance which is impacting on the timeliness of discharges. Update - 14 Feb 2020 NHS Hull CCG continues to work closely with NHS England and the Local Authority - the plan to reduce beds has been delayed due to admissions across the wider Transforming Care Partnership (TCP) footprint into Townsend Court - Acute LD assessment Unit in Hull - this is being monitored closely by the TCP Board. The reasons for increased admissions are due to the inability of community care providers to safely care for our more complex care providers. A review of the rationale for each admission has been undertaken and was shared at December TCP Board the CCG and council are struggling to identify suitable care providers for TCP LD clients - this has been highlighted to CCG Quality and Assurance Committee as well as identified within this risk 6/12/2019 risk added - M Bradbury | 29/05/2020 | Bradbury, Melanie | Quality and Performance Committee |
| Vulnerable People | 946 | Continued long term absence of Designated Doctor for LAC in HUTH and potential impact on Looked After Children services. | High Risk 8 | Extreme Risk 15 | Cover arrangements provided by Designated Doctor for Safeguarding Children currently. Recent appointment of Named Doctor for LAC within the Trust. | Frequent/quarterly reports to CCG LAC Nurse. LAC reports to CCG Q&P committee. | Risk also reported to Local Authority as part of pre Ofsted planning in January in 2020. Self assessment completed as part of this process. | Adequate controls in place | Adequate assurances in place. | LM 18/03/20 new risk entered on this date. | 18/05/2020 | Morris, Lorna | Integrated Audit and Governance Committee, Quality and Performance Committee |
| Working with Partners to develop and implement a single Quality Improvement Plan | 927 | Risk to patient safety if failing to achieve trajectories from gram negative bacteraemia for MRSA and S. Coli for NHS Hull CCG. 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 PR (provider information request) of any case followed by MDT (multi-disciplinary team meeting) if required. SI (serious incident) process if death associated to MRSA. The CCG has been working with the HEY (Hull and East Yorkshire Hospitals) Urinary Tract Infection Collaborative as part of NHS improvement initiative. A NoDip (urine dipstick) 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 (Quality and performance) Committee All cases are reviewed by Hull CCG Infection Prevention Committee and reported to Q&P Committee as they occur. RI (business intelligence) report HEY OMB (corporate management board) HEY Quality Delivery Group | NHSI (NHS Improvement) NHSI (NHS England) 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 the NHS Improvement 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 Update 28/2/20 (DL) (HAI (Healthcare associated infections)- coli in December 2019 the CCG are reporting 195 cases year to date against YTD target of 169. At the same position last year the CCG were reporting 6 fewer cases (189 cases April - December 2018) 2019/20 local trajectory year-end target of fewer than 211 cases. The IPC (Infection Prevention Control) team is continuing to monitor and investigate each case. The CCG is also promoting Antimicrobial Stewardship "Train the Trainers" workshops with practices - free training is available in March 2020. 19/12/19 DL In the period April 2019 to September 2019 there have been no MRSA BSI (bloodstream infection) cases attributed to Hull CCG. HUTH (Hull University Hospitals Trust) have reported two MRSA BSI cases via the national reporting system. 25.10.19 - DL/RI - still awaiting national Quality targets - discussed at Q&P and local targets to be considered 15.07.19 - DL New targets to be set - to be monitored through Q&P 26/06/19 - Risk is to be refreshed to include trajectories for 19/20. 27/03/19 - LS The Trust has reported two MRSA bacteraemia. These have been confirmed as attributable to the Trust. Both cases were very complex and involved multiple factors. The Trust are launching their internal campaign | 20/04/2020 | Lowe, Debbie | Quality and Performance Committee | | | |

Risk scoring = consequence x likelihood (C x L)
The risk score is calculated by multiplying the consequence score by the likelihood score

| Likelihood of occurrence | Consequences/Severity | | | Moderate | Major | Extreme |
|--------------------------|-----------------------|-------|-------|----------|-------|---------|
| | Insignificant | Minor | Major | | | |
| Rare | 1 | 2 | 3 | 6 | 9 | 18 |
| Unlikely | 2 | 3 | 4 | 8 | 12 | 24 |
| Possible | 3 | 4 | 5 | 12 | 18 | 36 |

| | | | | | |
|----------------|---|----|----|----|----|
| Likely | 4 | 6 | 12 | 16 | 20 |
| Almost Certain | 5 | 10 | 15 | 20 | 25 |
| 5 | | | | | |