

CCG Strategic Risk Report - Hull CCG Board September 2020 (extracted 10.09.20)

Strategic Objective	Risk	Risk Description	Current Risk Rating	Initial Risk Rating	Key controls	Internal assurance	External assurance	Details of gaps in controls	Details of gaps in assurance	Progress	Review date	Risk Owner	CCG Committee
7 - Focus on care and services for children on full improvement performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.	859	Waiting times for CYP with Autism in the City exceed NHS Target of 28 weeks. This results in CYP and families struggling to maintain daily life and CYP education attainment and wider social inclusion.	High Risk 12	High Risk 12	CYP Autism Waiting list reduction trajectory agreed - 18 week compliance by June 2021. This is being monitored monthly. New staff team were in place from Winter Sept 2019. Engagement with Charities - Matthew's Hub, Ann Higher, NHS to ascertain additional input and support to CYP and families who are awaiting assessment and diagnosis. S19D - Hull City Council - monitoring monthly.	There are internal assurance processes in place through the CCG and contract monitoring and review meetings in relation to the lead organisation (NHS FT). Autism Flashcard produced and updated monthly which is shared with joint commissioning Board at the CCG. S19D - Hull City Council - monitoring monthly.	There are external assurance processes through CYP THRIVE Board and S19D monitoring which reports to the CYP and Maternity Programme Board (CCG lead) to the Children and Families Board (Partnership).	Mid Bradley 18.06: Recruitment of staff team complete to enable delivery of the service model and avoid reduction in waiting times. Recruitment of new staff team required to allow delivery of the new service model and overall reduction in waiting times. Mid Bradley 18.06: Recruitment of staff team complete to enable delivery of the service model and avoid reduction in waiting times.	Adequate assurance in place. 20.08.20 - Ann Higher: Service review capacity going forward to ensure that potential capacity/beyond dynamics are understood in preparation for schools reopening under COVID restrictions. Use of funds for ongoing general mental health support and provision for critical incident assessment. Matthew's Hub staff available for support within social distancing parameters - offering group sessions with face to face support to connect with others with similar challenges. Schools and services anticipating increased severity of clinical presentation once return to school occurs. 18.06.20: Mid Bradley - no change to update of 29.06.20. 29.04.20: Mid Bradley - Due to Covid 19 and restrictions in place regarding closing of schools Hummer Teaching FT are unable to undertake face to face assessments. All parents of young people have been contacted and have been offered telehealth clinic 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 coping methods during this time. NHS Update 14.02.2020 Waiting list continues to reduce each month. New service provision commissioned from Matthew's 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 Hummer NHS FT regarding the opportunity for a single Autism and ADHD pathway across Hull and Riding - this will link with the wider Neuro-Disability development led by Berna Dawson. Mid Bradley - As at November 2019 Waiting list has reduced each month for last 3 months. 2 new staff new hiring all of which is ensuring patients get to the right waiting list (specifically hold an autism waitlist trigger then moved to alternative waiting list) Finalisation on the assessments have commenced. Initial meeting held with Matthew's Hub on 14+ support - further meeting to take place in November 2019 in progress. Hull Council reviewing all young people on action waiting list to ascertain what other services are child or family accessing - so far positive response demonstrating wider support is being delivered while the child is waiting assessment and diagnosis.	22/10/2020 Dobson, Ms Joy Planning and Commissioning Committee			
8 - Delivery of Statutory Duties	861	Failure to achieve the control total for the financial year, or non achievement of a critical financial target potentially resulting in adverse attention at a local and national level.	High Risk 9	Extreme Risk 24	Medium term financial plan - agreed off by the board - CCGC Budget set and monitored on an ongoing basis. Regular reporting internally and externally, Prime Financial Policies, Scheme of delegation and Standing Orders	Internal Assurance: Management System (including early warnings), Reporting to CCG Board, Quality and Performance Committee, and Integrated Audit and Governance Committee.	External Assurance: Internal Audit through Internal Audit, Reporting to NHS England.	Adequate controls in place.	Adequate assurance in place.	CS - 18/12/2019 Substantial changes to the financial review following covid and the CCG's following guidance issued by NHS UK. This includes all payments to NHS Foundation being monitored nationally determined block contracts and NHS EJ taking back resources and contracts for the provision of acute care provided by the independent sector. It is expected that requirements around control totals may change, however this will be managed at a national level. CS - 18/12/2019 CCG on track to achieve 2019/20 control total. The CCG has sufficient contingency in place to manage potential risks. CS - 28/02/2019 - 2019/20 control total achieved and annual accounts approved by auditors and adopted by the Board. Monitoring against 2019/20 budget underway and being monitored through the usual process.	12/09/2020 Ayres, Mrs Emma Integrated Audit and Governance Committee		
1 - Facilitate strategic	862	There is a risk to patient safety as Hull University Teaching Hospitals are reporting a higher number of never events with 8 declared during 2019/20. This placed them above the national average based on NHS improvement national never event published data. The majority of the Trusts never events are surgical in nature with a commonality identified a failure to follow / carry out appropriate safety checks.	High Risk 12	High Risk 12	*Trained qualified and experienced Medical, Nursing and support staff Adaptation complex with the National Patient Safety Agency / World Health Organisation safer surgical checklist. Mortality indicators are reviewed via a Hull University Teaching Hospitals Trust Mortality Group Clinical Incidents / Never Events are investigated by the organisation (Hull University Teaching Hospitals Trust) lessons learnt. 21.08.19:FT - New Hull University Teaching Hospitals Trust Serious Incident Committee chaired by Director of Nursing & attended by Medical Director - reviewing serious incidents themes & Learning for Hull University Teaching Hospitals Trust. 26/02/2015: A peer review has been undertaken by Ardenale Trust on Hull University Teaching Hospitals Trust's surgical checking procedures. 22/04/2020: IS: The Trust has developed an action plan based on the outcome of the Ardenale review and this has been requested via the Quality Delivery Group forum to be shared with commissioners.	Q&P review quarterly 5 reports as do the Board. Monthly Serious Incidents panels highlighting common themes from Serious Incidents reports and repeating actions from providers. Monthly quality delivery group discussions. Monthly World Health Organisation surgical checklist Audit of checklist. A Key Performance Indicator within the contract which is monitored via Hull University Teaching Hospitals Trust's Corporate Management Board. The incidents above are managed via a defined Serious Incident Review Panel meeting with representatives of the NHS Hull CCG members of the panel.	The Trust are implementing positive actions including stop the line campaigns and a peer surgical checklist review. External Assurance is provided by the Hull University Teaching Hospitals Trust's trust reporting serious incidents via the Strategic Executive Information System (SEIS) 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.	Resuming surgical never events	26/09/2020 - IS - The action plan developed by the Trust following the Ardenale peer review did not include measurable outcomes or the assurance that repeats of these incident types would be prevented. A revised action plan has been requested on the Quality Delivery Group. 21/08/2019 - FT - CCG awaiting new national Serious Incident Reporting Framework which has been delayed again. Processes for managing Serious Incidents and Never Events will be reviewed when new national guidance is issued. Updated 28/04/20: IS Hull University Teaching Hospitals Trust declared 8 never events during 2019/20. 4 of which were surgical related. A further surgical related never events have been declared during Q1 of 2020/21. The letter detailing the findings following the peer review undertaken by Ardenale 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 NHS England and NHS improvement as part of surveillance of quality. A full external review of the Trusts surgical safety practices is recommended.	30/09/2020 Linsky, Clare Quality and Performance Committee			
1 - Support the delivery of financial strategies and actions as enablers to business-wide transformation.	863	Failure to produce a comprehensive balanced Medium Term Financial Plan that takes account of all risks and uncertainties (e.g. Better Care Fund, updated allocation formula) that reflects the commissioning strategy and complies with planning guidelines.	High Risk 12	High Risk 12	Continuous updating of the MTFP with contact variations and reconciliation to the general ledger. The Finance Team work closely with commissioning to understand investments and strategic direction, including the impact of the Better Care Fund. Work closely with the Area Team to understand and anticipate adjustment requirements of the planning guidelines. The CCG will update the MTFP on an annual basis. 22/04/2020: IS: The Trust has developed an action plan based on the outcome of the Ardenale review and this has been requested via the Quality Delivery Group forum to be shared with commissioners.	Financial plan updates provided to Planning and Commissioning Committee on a regular basis	NHS England pay close attention to the financial position of the organisation throughout the year and review and challenge the submitted MTFP.	Adequate controls in place.	Adequate assurance in place.	CS 19/02/20 - Financial planning for 2021 was completed, however following COVID new processes and guidance has been issued which has resulted in an emergency period from the 1st of April to the 31st of July. The CCG is complying with all elements of the new guidance and working closely with NHS E/10 to ensure that the CCG's financial returns remain viable. CS 18/12/19 - Financial planning guidance due to be published shortly with 2020/21 submission due before the end of the financial year. Planning for activity and finance already underway in parallel with STP submission process. CS 28/02/19 - Financial Plan for 2019/20 submitted in May. This complied with all business Rules set by NHS England and is the basis of the CCG budgets, reported through the various committees.	15/09/2020 Sayer, Mrs Emma Integrated Audit and Governance Committee		
8 - Develop an agreed out of hospital strategy for Hull, supporting the delivery of Primary Care Networks to determine models for transition to integrated provision	902	CCG practices unable to maintain a resident primary care workforce resulting in reduced access to services and patient needs not being met.	High Risk 12	Extreme Risk 24	Development and implementation of CCG primary care workforce strategy and associated initiatives e.g. International GP Recruitment, PCN Ready, Physician Associate Scheme, 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 recruitment available through Network DCS. Development of HCBV 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	Need for NHS Personnel to be addressed at a national level to address the increasing number of GP retiring.	Adequate assurance in place.	PHL Davis: 28/08/20: Risk rating reduced as hull's been reduced following 13/08/20 update based at PCC meeting 28/08/20. PHL Davis: 24/08/20: STP reports continuing with PCNs, number of staff absent has reduced further over July and into August. Impact of contact tracing and risk assessment (see risk 957) being monitored through STP and Outbreak Management Plan. PCN being supported to develop workforce plans which are required by end August. Risk rating reduced to reflect reduced numbers of staff absent. PHL Davis: 15/06/20: Early stop reports show reductions in staff absence and staff unable to work remotely. Practices and PCNs developing models of service delivery to minimise risk of staff needing to self-isolate as a result of test and trace. CCG to support PCN develop workforce plans by August and progress recruitment to additional roles. PHL based CMT workers model being developed and roles to recruited to. PHL Davis: 18/04/20: COVID-19 presents a considerable challenge to all practices regarding workforce through risks of illness and self-isolation reducing staff levels and service provision. Practices have taken steps to address challenges and reduce risk by moving to triage based systems and utilisation of telephony/visits and online consultations. Where face face consultations need to take place other remote options (e.g. video) are being established or arrangements to triage residents to buildings with isolation 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 full STP process is in place to understand current status of practices in terms of staff absence, and requests open services, and any other challenges practices face. A RAG rating is provided by each practice and to date the vast majority have been Green 1. "This concerns, respecting challenges but confident contingency plans can be effective". The PCC will work to consider whether a separate COVID-19 primary care risk should be added to the risk register. PHL Davis: 18/02/20: Clarification at December PCC that PCN covered by national proposals - awaiting confirmation by NHS. Revised GP contract arrangements for 2020/21 provide for more flexibility with the Additional Roles Recruitment Scheme - more roles to be included and 100% reimbursement to be applicable to all roles, change to medical/DP training to include more spent in primary care. Catalyst programme for GPs in last year of practice developed to secure more DNs working in primary care. PHL Davis: 05/12/19: Indication that NHS Pension scheme will be addressed at a national level. New NHS E post to support primary care development appointments now in pilot. Reception and clinical staff training needs assessment to be undertaken at HCBV level. PHL Davis: 15/10/19: GP and PHN Ready Schemes being developed at HCBV level to support GPs and Nurses working in a primary care setting. PHN additional roles reimbursement scheme details now available to support PCNs to recruit the workforce through the Network DCS. Work being undertaken to explore medical health worker roles in primary care.	14/10/2020 Davis, PHN Primary Care Commissioning Committee		
8 - Delivery of Statutory Duties	911	Human Resources Trust has pressure on staff time as staff turnover remains high. This is impacting on the ability 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	Human Trust internal strategy/controls inc. Board Performance Reports Remedial actions monitored via Human Clinical Quality Group and Corporate Management Board Monitored through System Resilience Group Regular Staffing report to Quality meeting Human Resilience report to Quality meeting Human Investment in a number of workforce initiatives e.g. Nursing Associates and apprentices	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 NHS England/NHS Improvement and Care Quality Commission.	Trust internal best management monthly meeting Trust Performance report to Trust Board Staffing Report	Increased system resilience, and assurance of communication and escalation of communication across the local health and social care economy needed.	Adequate assurance in place.	20.09.20 PHL Davis: 28/08/20: Significant pressure for Human Foundation Trust. They continue to report to the Quality Group information regarding staffing levels, sickness levels, staff absence etc. Number are well represented at a number of workforce meetings demonstrating their engagement in efforts to improve the workforce situation. This gives added assurance on staff efforts to address this issue. 20.07.20 PHL Davis: 28/08/20: Significant pressure for Human Foundation Trust. They continue to report to the Quality Group information regarding staffing levels, sickness levels, staff absence etc. In addition work has been shared on efforts to improve staff time within the Trust efforts to recruit additional staff via new roles e.g. Apprenticeship and Nursing Associates. Number are well represented at a number of workforce meetings demonstrating their engagement in efforts to improve the workforce situation. 27.03.20: Hull Thompson Risk continues to be being monitored at the Number 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 all risk and monitor to improve staffing levels. There are also a specific workstream looking at waiting times for Community Mental Health Team.	14/12/2020 Linsky, Clare Planning and Commissioning Committee, Quality and Performance Committee		
2 - Advance at system-level the delivery of the commissioning strategies set out in the NHS Long Term Plan.	912	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 Budget.	Report 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 assurance in place.	PHL Davis: 13/08/2020: HCV engagement committee has participated being encouraged. Feedback also being received through CCG social media sites. Primary Communications and Engagement Group meeting to be held to consider next steps required regarding engagement including potential national and more local plans. PHL Davis: 17/06/20: HCV work on engagement work plans changes to services to support ongoing service delivery plans. PHL Davis: 16/04/20: In light of COVID-19 all practices following national guidance to implement telephone triage, telephone and video consultations, electronic prescribing etc. minimise face-to-face activity. National and local communications supporting this approach. PHL Davis: 13/02/20: CCG engagement and Commissioning Assurance Framework developed which will be applicable to and used to support primary medical care services. PHL Davis: 19/12/19: Following advice received from HMG the risk rating has been increased back to High Risk 12 to allow further progress in relation to the actions to be made. PHL Davis: 03/12/19: Draft outline of NHS City Health and Care products. PCN DCS plans include developing working with patients and communities. PHL Davis: 21/10/19: Further discussion to be held with Health & Wellbeing Overview & Scrutiny Commission Chair regarding the Commissioning protocol - this will not take to October meeting. New NHS City Health & Care actions have been drafted and will focus on Primary Care Networks. Primary Care Network CDP has 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 Healthwatch, communities, community groups and developing PHG. Risk rating adjusted from 12 to 8. PHL Davis: 13/08/2020: HCV engagement committee has participated being encouraged. Feedback also being received through CCG social media sites. Primary Communications and Engagement Group meeting to be held to consider next steps required regarding engagement including potential national and more local plans. PHL Davis: 17/06/20: HCV work on engagement work plans changes to services to support ongoing service delivery plans. PHL Davis: 16/04/20: In light of COVID-19 all practices following national guidance to implement telephone triage, telephone and video consultations, electronic prescribing etc. minimise face-to-face activity. National and local communications supporting this approach. PHL Davis: 13/02/20: CCG engagement and Commissioning Assurance Framework developed which will be applicable to and used to support primary medical care services. PHL Davis: 19/12/19: Following advice received from HMG the risk rating has been increased back to High Risk 12 to allow further progress in relation to the actions to be made. PHL Davis: 03/12/19: Draft outline of NHS City Health and Care products. PCN DCS plans include developing working with patients and communities. PHL Davis: 21/10/19: Further discussion to be held with Health & Wellbeing Overview & Scrutiny Commission Chair regarding the Commissioning protocol - this will not take to October meeting. New NHS City Health & Care actions have been drafted and will focus on Primary Care Networks. Primary Care Network CDP has 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 Healthwatch, communities, community groups and developing PHG. Risk rating adjusted from 12 to 8.	14/10/2020 Davis, PHN Primary Care Commissioning Committee		

8 - Delivery of Statutory Duties	918	11.10.2019 Update: Risk description remains low Risk score increased to 9 due to the issue 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 (DH and DH 1513) 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 report dated 4 December and published 22 December 2019. The letter states the area has made sufficient progress in addressing two of the four significant weaknesses identified in the initial inspection. However, the area has not made sufficient progress in addressing two significant weaknesses. Functions are involved in decision making about the services and support they need and an areas 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 fronting professionals, improvements to SEND data and performance through the development of Risk and Dashboard that will be used to inform 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 chaired by the LA Director of Children's Services and the CEO Director of Integrated Commissioning. The Department of Education and NHS England will determine the next steps and the CEO Director with LA and CCG executive leads in February 2020. This is likely to include continued monitoring of the improvement plan by the QIG and NICE.	05.02.2020 Update The SEND Strategic Board will ensure the SEND improvement plan demonstrates 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 Assessment Forum and the integrated meeting will be chaired by the CEO 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 Committee, Planning and Commissioning Committee and the Number Foundation Trust Children's and Learning Delivery Delivery Group. 11.10.2019 Update Designated posts have been made permanent. Continuity has been maintained through the 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 Nurses for Safeguarding. Any issues identified are escalated accordingly and appropriate to the relevant forum. The Local Authority Quality and Contract Monitoring team undertake annual audits against the benchmark contract and assurance framework. In addition to this the team maintain a dashboard of evidence and undertake additional announced and unannounced visits as required. There is a multi-agency operational meeting relating to monitor the market and quality monitoring activity undertaken. This includes representation from the Care Quality Commission, Healthwatch, Safeguarding, NHS Community services, NHS Continuing Health Care, Local Authority Commissioning and CCG commissioning. This group reports to the Integrated Quality Board. The integrated quality board is chaired by the CCG medical director/ Public Health 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.	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 QIG and NICE on a quarterly basis. 11.10.2019 Update Progress and impact including external assurance is being through the SEND Strategic Board Director level and the SEND Accreditation Forum (SAF) with CCG and Designated professional representation. Reports are made and monitored via - - Hull SEND Board - Partnership working with HCC and local providers continue via the agreed SEND work plan through the board.	Adequate controls in place. Adequate assurance in place.	24.07.2020: Bernice Dawson: Risk Update Risk remains High due to impact of Covid-19 in relation to progressing the requirements of the SEND Accredited Progress Plan (APPS) Progress continues to be monitored through the SEND Strategic Board and Children's Services Improvement Board. The CCG issued a statutory direction letter to Hull City Council 23/06/2020 that outlines the flexible arrangements to support delivery and continued improvement during the Covid-19 crisis. This includes the requirement for projects to be monitored and updated with delivery risks due to Covid-19 clearly identified. The latest SEND Strategic Board July 2020 and the Children's Commissioner have noted positive progress and actions taken in date in relation to Covid-19. 29.06.20: Risk Update Bernice Dawson - Risk will be updated in July following receipt of the performance report. 03.05.2020: Bernice Dawson: Risk Update The risk remains moderate due to the requirements of the SEND Accredited Progress Plan (APPS) APPI by CCG and NHS as an outcome of the SEND Local Area Review in October 2019. The SEND APPI is overseen by the Hull Children's Services Improvement Board and the SEND Strategic Board, chaired by the CEO and retains Director of Integrated Commissioning. The SEND Delivery Group is responsible for the delivery of the APPI and informed by the work and feedback from the SEND Network (see meet). Progress on the SEND APPI has been variable due to service changes and challenges in response to Covid-19. This work is being updated and progress/changes reported through the above governance structure and with approval from DH and NHS (April 2020). 03.02.2020: Bernice Dawson: Risk Update The risk remains moderate due to the identified issues in the outcome letter of the SEND inspection Report of October 2019. The CCG Board and Committee have been informed of the outcome letter and plans for improvement. The QIG and NICE 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 visit. 11.10.2019: Bernice Dawson Risk Update This 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 results will take place 15 - 17 October 2020. The outcome of this visit will be expected within 28 days of the visit. All findings and recommendations will be reported through the CCG Board and associated Committees.	24/09/2020 Dobson, Mrs Joy Integrated Audit and Governance Committee	
4 - Successfully commissioning health services to meet the reasonable health needs of the people of Hull.	919	The homepage market in Hull may be unable to deliver services to meet the reasonable health needs of the people of Hull.	High Risk 8	High Risk 12	Hull City Council are the lead commissioners for the homepage framework in Hull. Hull City Council provide an integrated commissioning and contracts monitoring unit to develop the market and provide quality assurance. CCG Healthcare Partnership Continuing Health Care team provide quality monitoring of individual packages of care. There is a multi-agency operational meeting relating to monitor the market and quality monitoring activity undertaken. This includes representation from the Care Quality Commission, Healthwatch, Safeguarding, NHS Community services, NHS Continuing Health Care, Local Authority Commissioning and CCG commissioning. This group reports to the Integrated Quality Board. The integrated quality board is chaired by the CCG medical director/ Public Health 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.	09/10/2020 Update The Local Authority Quality and Contract Monitoring team undertake annual audits against the benchmark contract and assurance framework. In addition to this the team maintain a dashboard of evidence and undertake additional announced and unannounced visits as required. There is a multi-agency operational meeting relating to monitor the market and quality monitoring activity undertaken. This includes representation from the Care Quality Commission, Healthwatch, Safeguarding, NHS Community services, NHS Continuing Health Care, Local Authority Commissioning and CCG commissioning. This group reports to the Integrated Quality Board. The integrated quality board is chaired by the CCG medical director/ Public Health 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 (CGC) 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 enhanced quality board in December 2016 with reports to both the Performance and Quality committees. The 3 target providers in Hull have experienced issues in place and are subject to CQC enforcement action.	Chris Dawson update 15.08.2020 - The situation continues to be monitored by the LA Commissioning Team, during the lockdown period capacity was made available as people were initially unable to access their care into their homes and families supported their care needs. Subsequently following the relaxing of the lockdown packages of care have re-established. Capacity has been changed made to the existing homepage framework to provide greater opportunities for the providers to respond. The commissioning team have also continued to co-lead new providers on a preferred provider list in line with the existing framework terms. The CCG team has continued to provide support and slow down the people in the community who receive their care and support funded through PHB. Moving to Phase 3 of the pandemic response, discharge to assess models have been agreed in the new guidance and the expectation is that such pathways will be embedded moving forward. Hull has in place an established trust assessor model to support need and expedient discharges, which will enable Hull to act to meet this requirement as well as support the local system and ensure that people receive the associated care and support that they need safely. The risk continues to be monitored in partnership across the system and flexibility is being continually built into the system to continue to mitigate this risk and will be subject to weekly regular review and ongoing monitoring to ensure capacity and resilience is within the market to prevent further Delayed Transfers of Care (DTC). The risk continues to be actively managed, the partnership approach in system response and monitoring the likelihood of risk impact at this time is minor. Dobson Lower update 19/10/20 - Working in an integrated approach with the LA, Hull CCG has responded to the "COVID-19 Hospital Discharge Service Requirements" issued by the Department of Health and Social Care (DHSC) on the 28th March 2020. The CCG is working closely with the LA and community providers to develop provision for patients. Prior to Coronavirus we were working with home care team at LA in developing a new tender which is aimed at complex clinical health issues, to inform a new service specification. To review opportunities in working with more specialist provider within Hull. This is now paused due to Coronavirus. The Care Home Capacity Tracker has enabled easy visibility of care home capacity at a local, regional and national level. There is in place a coordinated local financial flow for NHS COVID-19 urgent and emergency discharge arrangements mechanisms are in place to ensure equipment and appropriate decision making for the application of Continuing Health Care funds to support temporary packages of care. All temporary arrangements are in line with the emergency guidance and compliance and are being maintained to ensure that Covid-19 related spend is accounted for and auditable. Coronavirus new packages of care are effort to achieve and commission it to help care providers are not informing or done previously. Some are equally closed for admission or partially closed. This is currently with the LA Commissioning team working with providers in relation to the reduction in capacity. The priority is currently hospital discharge therefore patients may not be able to access them from the community. For reports and short stay times as previously. Any Continuing Health Care is supported by Hull CCG as direct commission as part of Personal Health Budget, therefore on the current contract. This is being expedited discharge.	09/10/2020 Linley, Clare Quality and Performance Committee	
8 - Delivery of Statutory Duties	923	The Clinical Commissioning Group (CCG) support services do not have effective Business Continuity Plans in place to support effectiveness 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.	EPHR / BCM group work programme. Involvement in regional EPR/BCM testing exercises and implementation of any resulting from them.	NHS Self Declaration Compliance for 2019/20.	Adequate controls in place.	Adequate assurance in place.	10/09/20: Michelle Longden - Teams continue to test and update BCM plans to ensure they are fit for purpose. 29/06/20: Michelle Longden - No further update, potential plans to support plans such as IT elements continue to be worked through. 20/02/20: Michelle Longden - Teams continue to develop plans - current testing situation has identified plans which are being developed. 26/02/20: Mike Napier - Date to be scheduled for BCM plans to be reviewed across all Directorates. 28/2/20: Michelle Longden - Cascade methods for communication to be reviewed and any actions taken accordingly. 27/1/20: Michelle Longden - Teams requested to review their BCM Plans and submit a copy to System Resilience Lead. Communications Test took place in October 2019, outcomes to be reviewed.	16/10/2020 Nepier, Michael Planning and Commissioning Committee
8 - Delivery of Statutory Duties	924	Lack of coordinated Emergency Preparedness Resilience and Response (EPR) Business Continuity Management (BCM) systems across the Hull Health Localities, 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	EPHR / BCM plan in place, mutual aid arrangements agreed, shared on call rota and coordination between Hull CCG, North Lincolnshire and East Riding CCG, on-call in place.	EPHR / BCM group work programme.	NHS Self Declaration Compliance for 2019/20.	Refresh of on call file to be finalised.	Adequate assurance in place.	10/09/20: Michelle Longden - work continues to consolidate systems and plans across CCG's and to ensure they are fit for purpose. 29/08/20 Michelle Longden - joint on call pack now available, work continues to consolidate systems and plans across CCG's and to ensure they are fit for purpose. 22/05/20 Michelle Longden - joint on call rota in place, co-ordination of systems and plans across CCG's continues to be consolidated. 26/02/20 Michelle Longden - On Call workshop took place, actions agreed in regards to joint on call arrangements, co-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.	16/10/2020 Nepier, Michael Planning and Commissioning Committee
2 - Advance at system-level the delivery of the commissioning priorities set out in the NHS Long Term Plan.	927	Risk to patient safety if failing to achieve four infection review of any care followed by multi-disciplinary team meeting if required. This results in failure to achieve the national zero returns target for MRSA only and will adversely affect the CCG Assurance Framework (the board and potential activation of the CCG Quality Premium. Patients receive clinically commissioned high quality services. HCC plans are delivering better outcomes for patients	High Risk 12	High Risk 8	Antibiotic reduction plans. Four infection Review of any care followed by multi-disciplinary team meeting if required. This results in failure to achieve the national zero returns target for MRSA only and will adversely affect the CCG Assurance Framework (the board and potential activation of the CCG Quality Premium. A NoHo (non-juridic) 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 bi-weekly. • Quarterly reporting to Hull CCG Quality and Performance Committee as required. All cases are reviewed by Hull CCG Infection Prevention Committee and reported to Quality & Performance Committee as well as local Business Intelligence report Hull and East Yorkshire Trust Corporate Management Board Hull and East Yorkshire Trust Quality Delivery Group	NHS Improvement NHS England North East Health Care Acquired Infection meeting	Although the action plan is in place, the actions within the action plan commenced in Q2 2019/20 in line with NHS improvement requirements.	Action plan has not had time to ensure its objectives. Monthly reporting to Quality & Performance Committee of progress against the plan and current position against objectives. Some community pharmacies have started to charge patients for syringes and needles. This is resulting in the sharing of needles. The Directors of Infection Prevention and Control at Hull and East Yorkshire Trust 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 by NHS England.	27/07/2020: Debbie Lowe - awaiting update from PHC lead. 26/07/2020: Debbie Lowe - COVID-19 update - the service continues to respond in sending out letters to GPs and patients and undertaking the day follow up calls. IPC visits are in place where patient safety is a concern. Healthcare associated infection 6 call for 2019/20 was 250 against the target of 211. In April 2020 the CCG are reporting 133 cases. 8 fewer compared to April 2019 (21 cases). The CCG is awaiting confirmation of 2020/21 targets. The Infection Prevention Control team is continuing to monitor and investigate each case. The CCG is also promoting Antimicrobial Stewardship 'Train the Trainer' workshops with practices. 26/07/2020: Deb: Healthcare associated infections 6 call in December 2019 the CCG are reporting 139 cases in total to date against year to date target of 168. At the same position last year the CCG were reporting 8 fewer cases (148 cases April - December 2018) 2019/20 total reported year-end target of fewer than 211 cases. The Infection Prevention Control team is continuing to monitor and investigate each case. The CCG is also promoting Antimicrobial Stewardship 'Train the Trainer' workshops with practices - free training is available in March 2020. 15.10.19 - call - still awaiting national Quality targets - discussed at Quality & Performance and local targets to be considered	30/09/2020 Linley, Clare Quality and Performance Committee
5 - Work in partnership with Hull City Council and others to implement a population health approach to improving health outcomes and reduce health inequalities, targeting in particular the most disadvantaged in society	928	Clinical risk impacting on patient safety and quality - due to capacity and availability of CCG (Care Quality Commission) registered Nursing Care homes in Hull and East Riding.	High Risk 9	Extreme Risk 14	The new operating model for adult social care is based around supporting people outside of residential care. The CCG will continue to support and report on arrangements to the Head of NHS Funded Care. 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 care support) are placed into nursing beds. The transfer to assess process is in post and more robust application of the NICE (funded nursing care eligibility criteria) is in place.	The Continuing Healthcare team review nursing care needs and report on arrangements 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 partners. Additional funding has been made available for CHP to increase community staff to support in care homes.	It is unlikely that existing commissioning activity will prevent market failure.	update 29/7/20: Deborah Lowe - last updated 15/6/20 The objective of this plan is to ensure that overnight of capacity. A Care Home Capacity Tracker now in place and will be established over recent months, enabling good daily oversight of bed availability and levels of confidence in quality and other issues including workforce. Further support being delivered by LA in respect of updates against the tracker, at this time some 50 reviews updating the reporting daily. Care Quality Commission reporting following a COVID cases - all capacity, respite and quality issues which may impact upon vacancies and availability of beds addressed within this meeting. Hull currently has 5 providers who have 7 nursing care homes in Hull. Hull care remains currently ring fenced to a public health funded nursing provision. Individual funding arrangements. Hull CCG last update 15/6/20 - COVID-19 update - Hull CCG has responded to the "COVID-19 Hospital Discharge Service Requirements" issued by the Department of Health and Social Care (DHSC) on the 28th March 2020. This documents set out the arrangements to ensure patients are rapidly discharged from hospital to free up capacity by increasing community beds provision. A Care Home Capacity Tracker now in place, enabling good daily oversight of bed availability and levels of confidence in respect of quality and other issues including workforce. With exception of COVID the increased capacity in place in line with Reduced demands has meant financially unstable provision within Hull, currently there are 7 providers who have 7 nursing care homes in Hull. Hull care remains currently ring fenced to a 24hr residential based nursing provision. This issue has been raised nationally, to enable moves to be made in a different way to allow the patient. Updated 4/7/20 DL:CD - Reduced demands has meant financially unstable provision within Hull, currently there are 5 providers who have 7 nursing care homes in Hull. The total number of beds for nursing specifically is yet to be confirmed across these 7 homes. The LA (Local Authority) and Hull CCG now has an established a dashboard to monitor beds, Care Quality Commission rating (quality) and capacity, however this only defined to total capacity and drawing out from this total the specific funded nursing care beds. PHC care remains currently ring fenced to a 24hr residential based nursing provision. This issue has been raised nationally, to enable moves to be used in a different way to follow the patient.	30/09/2020 Linley, Clare Quality and Performance Committee	
6 - Develop an agreed out of hospital strategy for Hull, supporting the Primary Care Network to determine models for transition to integrated provision	930	Practices may not remain active if Primary Care Network (PCN) and therefore do not support delivery of the CCG Strategic Care Network to determine models for transition to integrated provision	High Risk 8	High Risk 8	Integrated Delivery Framework - developed October 2017 Local Quality Premium Scheme - 2018/19 scheme developed ISO 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 assurance in place.	PHC Data - 15/08/20: All practices across the CCG continue to be a member of a PCN. PHC Data - 17/06/20: All practices have signed up to the Network DIS - the 3 PCNs in Hull will continue from July in their current form. Practices within PCNs and the 5 PCNs have worked collaboratively to respond to COVID-19 and the additional call of primary medical care services (e.g. home based ambulant). PHC Data - 16/04/20: COVID-19 has resulted in limited further progression of PCN ODPs. However practices in PCNs are working collaboratively to develop solutions to a challenge of COVID-19 e.g. Hub/Out 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 DIS.	14/10/2020 Dewar, Phil Primary Care Commissioning Committee
7 - Focus on care and	931	Paediatric Speech and Language (SL) Services	High Risk 12	Extreme Risk 14	05.02.2020 Update	05.02.2020 Update	05.02.2020 Update	Provider engagement with CCG	Lack of senior leadership at	24.07.20 Risk Update: Bernice Dawson	24/09/2020 Dobson, Mrs Joy Planning and

<p>services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.</p>	<p>Waiting list for initial assessment and treatment is extensive. The joint lead area SEND Inspector 2017 identified that children and young people do not have timely access to SLT services and there is not an effective plan for assessing improvement.</p> <p>Provider data shows W/C 15 October 2018, indicate there are 421 children waiting for an initial assessment (DIP over 18 weeks) and up to 1.4k waiting for treatment. Data indicates issues related to Quality of Performance Committee 23.10.18.</p>	<p>High Risk 10</p>	<p>Extensive Risk 20</p>	<p>The CCG continues to monitor and review progress on the SLT service development and improvement plan (SDIP) and evidence of improved performance and outcomes. It monthly service development meetings and through the Number Foundational Trust Children 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.</p> <p>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 for speech language and communication needs with a focus on early years, early identification and early help. It monthly service development meetings and through the Number Foundational Trust Children 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.</p> <p>Hull CCG has agreed additional non recurrent funding (June 2018) to support the service to recruit additional resources that will reduce the waiting list and undertake service re-modelling. Contract variation to be completed once service level data including waiting lists has been completed and trajectory agreed.</p>	<p>Internal assurance continues that include joint Commissioning Forum and relevant CCG Committee and Board.</p> <p>The HPT Children and Learning Disability Delivery Group, HF/CCG CTO meetings also provide assurance.</p> <p>11.10.2019: Update Internal assurance continues that include joint Commissioning Forum and relevant CCG committees and Board.</p> <p>Reports to Hull CCG Planning and Commissioning and Quality and Performance Committees.</p> <p>Reports to HPT Children and Learning Disability Delivery Group.</p> <p>HF/CCG CTO meetings will take forward the review of the submitted performance data for data cleaning and assurance purposes and to inform the refreshed waiting list trajectory.</p> <p>SEND Written Statement of Action (WSOA) and Improvement Plan - monitored by the IAF Board and reported to the Children's Services Improvement Board. SEND WSOA monitored by IAF on an on quarterly basis.</p>	<p>The revised SEND Improvement Plan includes a focus on SLT service improvement and evidence of improved performance and outcomes for children and young people.</p> <p>The outcome of the SEND Inspection Report in October 2019 makes clear reference to the concerns of parents and carers related to timely access to this service. The CCG and NHS will determine next steps at a meeting with LA and CCG executive lead in February 2020. This is likely to include continued external monitoring by OFSTED and NHS.</p> <p>11.10.2019: Update The WSOA and SEND Improvement Plan have been monitored quarterly by OFSTED and NHS. Concerns have been raised at the issue with regards to the lack of progress and impact of the service improvement plan.</p> <p>The joint SEND inspection visit will take place 15-17 October 2019 and focus on a specific focus on speech and language therapy service outcomes and impact.</p> <p>SEND Written Statement of Action (WSOA) and Improvement Plan - monitored by the IAF Board and reported to the Children's Services Improvement Board. SEND WSOA monitored by OFSTED on an on quarterly basis.</p>	<p>and slow to progress recruitment, data collection and reporting and service improvement plans. This has been escalated through a range of risk at various levels including executive, senior leadership and operational levels.</p>	<p>executive, strategic and operational levels to engage with CCG and requirements of the additional funding to drive forward the improvements at regional pace.</p> <p>Data submitted is not assured as there is a significant number of referrals for face-to-face contacts. The service is using options for online assessment and re-referring the trajectory. It is highly likely the service will be with the provider.</p>	<p>As of May 2020 There was a total of 618 children waiting for SLT. 642 CIP waiting for SLT initial assessment (decrease). Of those, 148 were waiting over 18 weeks (increase) and longest wait 44.7 weeks (decrease). 512 CIP waiting for first intervention/treatment (decrease). Of those 144 were waiting over 18 weeks (OTI) (decrease). The average wait is 30.1 weeks (decrease) and longest wait 79.4 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 impact of Covid-19 has resulted in a significant reduction in the number of referrals and reduction in service activity. Compliance with government guidance and safety systems of working will continue to impact on service provision for the foreseeable future. The service is working with education settings to plan delivery from September. The service is using digital options where possible and prioritising clinical need for face-to-face contacts. The service is using options for online assessment and re-referring the trajectory. It is highly likely the service will be with the provider. Work is progressing within the early years Speech Language and Communication Needs (SLCN) programme. The SLCN practitioners are working with identified children and their families through the SEND early identification process in the lead instance. The SEND Strategy Board and Children's Services Improvement Board maintain full oversight of this programme requirement. 20.05.20: Risk Update: Bernie Dawson Risk will be updated in July following receipt of the performance report. 20.05.20: Risk Update: Bernie Dawson There was a total of 900 children waiting for SLT. 605 CIP waiting for SLT initial assessment (increase). Of those 136 were waiting over 18 weeks (increase). The average wait is 11.7 weeks (increase) and longest wait 47.9 weeks (increase). 525 CIP waiting for first intervention/treatment (decrease). Of those 240 were waiting over 18 weeks (OTI) (decrease). The average wait is 31.7 weeks (decrease) 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 adapted to comply with Covid-19 guidance including increased use of technology for assessment, care planning and review. All therapy services continue to support children for face-to-face assessment and therapy in home/online setting where required. The 3 x WTE Speech Language and Communication Needs (SLCN) Early Years Practitioners have commenced in post. The SCLN working group are developing the service pathways that will 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 OFSTED and NHS through agreed monitoring process. 02.02.2020: Risk Update: Bernie Dawson Risk of December 2019. 03.02.2020: Risk Update: Bernie Dawson 693 CIP waiting for SLT initial assessment (increase). Of those 84 were waiting over 18 weeks (decrease since Oct 2019). The average wait is 20.5 weeks and longest wait 44 weeks. 613 CIP waiting for first intervention/treatment. Of those 124 waiting over 18 weeks (OTI) (decrease). The average wait is 4.5 weeks and longest wait 19.3 weeks (decrease). 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 WTE 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.</p>	<p>Commissioning Committee, Quality and Performance Committee</p>
<p>8 - Delivery of Statutory Duties</p>	<p>936 Risk of organisational, reputational, safety and quality risk not meeting statutory duties in ensuring the implementation of the Health and Social Care Partnership, the Children and Social Work Bill 2021 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.</p>	<p>High Risk 10</p>	<p>Extensive Risk 20</p>	<p>Hull strategic arrangements have been published based on the Bailey 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 executive partnership roles and Safeguarding Champions.</p> <p>There has been an operational group formed of which the CCG is a member to manage the transition and embed the strategy.</p> <p>- Statutory roles fulfilled and CCG governance maintained - Hull Safeguarding Children's Partnership Executive Group in place Executive Lead Director of Nursing Care Linley 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 role within the hub from 2nd January 2020 to represent the CCG, this is for a 6 month period whilst awaiting the role.</p>	<p>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 recurrent assurance.</p>	<p>Adequate controls in place.</p>	<p>Adequate assurance in place.</p>	<p>Update 19/7/20: Debbie Lowe - previous update 15/6/20 First year review to be undertaken. Following the partnership having now been established for a full year period. An independent review will be appointed to undertake this review. Stakeholders and partners engaged will review effectiveness of the HSCP. All findings and any recommendations informing continuous improvement. Stakeholder event held on 11/7/20. National Coordinator Safeguarding Children Report is supporting this review. Last HSCP Board meeting held on 8/6/20 and reported in entry dated 19/6/20.</p> <p>19/06/2020 Debbie Lowe - COVID response - Reviewed on 8/6/20 in Board meeting. Health and Police services are regarding normal functions following Covid-19 including numbers of referrals and contacts are being made following the marketing campaign regarding health. Virtual meetings and conferences are still taking place a part of managing arrangements and are working well. Hull Safeguarding Children Partnership Executive Board meetings and membership now established and progressing as planned. Partnership staff have been identified and allocated. All are now from the 3 partner organisations. In place is now an established list of named safeguarding champions across the partnership. HSCP continues to progress relationship with the Improvement Board. The partnership are further considering other arrangements in the sub-region to see if there could be any opportunities for Hull and links with adults safeguarding/community safety arrangements to explore synergies and ensure transactions are effective. The Hull Safeguarding Children Partnership Executive Board maintain oversight of the transition arrangements including the development of the 'hub', partner membership Health, Local Authority, Police and staff for the recruitment roles.</p> <p>Debbie Lowe 28/2/2020 Hull rating review (impact change from moderate to minor or request of progress against arrangements) Hull Safeguarding Children Partnership Executive Board meetings and membership now established and progressing as planned. Partnership staff have been identified and allocated. All are now from the 3 partner organisations. Hull CCG supporting the previous Designated Nurse for Safeguarding in the role as lead for the CCG within the Hull Safeguarding Children Partnership hub. The Hull Safeguarding Children Partnership Executive Board maintain oversight of the transition arrangements including the development of the 'hub', partner membership Health, Local Authority, Police and staff for the recruitment roles. The information sharing protocol is being located in appraising the joint working across the partnership, arrangements for freedom of information is currently being reviewed by the executive board. Formal decision re storing information to be confirmed, currently held with Local Authority. The Hull Safeguarding Children Partnership website is currently in place. A lot of content has been moved over to the new website. Further development to be completed. The next few months the work moves into phase 2. Stakeholders meeting held with core team from Humberstone Police and Hull CCG present. User testing will be undertaken by professionals at first, using the web team and the operational team at Hull Safeguarding Children Partnership. Priority areas. The urgent 19 points have been grouped into 3 priorities. Troubleshooting. Partners Working Together and Management Oversight. The Child Death review process has been separated and a new dedicated workstream, the Executive Board and operational oversight group meeting continues to be held regular and any progressing with the work. New arrangements for Child death progressing with the CDRB (Child Death Review Meeting) process now in place and cases being progressed to CDRP (Child Death Review Panel). A new IT system of reporting (e-CDRP) proposal will be submitted to the next Executive Board meeting for sign off. Related roles and responsibilities have been reviewed by the Operational Oversight group, for review and sign off at the CDRB (Child Death Review) Executive Board financial consideration and planning.</p>	<p>30/09/2020 Linley, Clare Quality and Performance Committee</p>	
<p>8 - Delivery of Statutory Duties</p>	<p>936 Revised 20.11.19 Changes to the world's climate are having a significant impact including increasing weather extremes including heat waves, 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.</p>	<p>High Risk 10</p>	<p>High Risk 20</p>	<p>Updated 29.06.20 KE Increased usage of non face to face meetings reducing travel and carbon footprint. 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 aspects</p>	<p>Updated 29.06.20 KE Increased use of non face to face contact across the CCG and amongst commissioning processes has reduced travel and thereby carbon footprint.</p> <p>21.11.20 Karen Ellis: The CCG has not reported as part of the national PRB core competencies 'green dot'.</p> <p>Limited at present - identified through the EPRB self-assessment</p>	<p>Updated 20.06.20 KE Actions have been taken to reduce the CCGs carbon footprint</p> <p>Updated 27.03.20 KE The CCG needs to review and agree opportunities to reduce its carbon footprint's reduced.</p> <p>More consistent usage of sustainability impact assessments.</p>	<p>Following the formal risk assessment against climate change of an action plan is identified the CCG will need to agree where this action plan will be overseen</p>	<p>20/06/20 Karen Ellis Risk reviewed.</p> <p>The CCG's review process ensures that identified actions that address the drivers of climate change, such as carbon footprint, are reviewed when they occur and the CCG plans adjusted to incorporate this learning. The impact upon working practices arising from COVID-19 has also been recognised as this reduces the CCG's carbon footprint and provides a more sustainable response structure to incidents including those arising from climate change.</p> <p>20/03/20 Karen Ellis Risk updated. Still awaiting national guidance which it is anticipated will be passed due to the impact of other system priorities. Continued awareness to consider carbon footprint and overall system sustainability promoted.</p> <p>20/01/20 Karen Ellis - awaiting guidance for what should be included within baseline assessments from NHS/1</p> <p>25.11.19 Karen Ellis - Risk refresh to better focus on CCG baseline assessment remains outstanding.</p>	<p>30/10/2020 Ellis, Karen Planning and Commissioning Committee</p>	
<p>8 - Delivery of Statutory Duties</p>	<p>940 Business information and performance risk in respect of compliance (unable to provide the statutory information within the reporting schedule for NHS England and NHS Improvement for Continuing Health Care). The resulting impact may have a significant impact on the current model of Continuing Health Care delivery as well as the immediate impact on 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 realise NHS-England proposals and share with CCG is December 19 - with a 12 month implementation phase for CCG.</p>	<p>High Risk 12</p>	<p>High Risk 22</p>	<p>Data Link & Finch group has been set up to scope impact and identify options for the steering group for approval/endorsement (governance systems are in place)</p>	<p>An impact analysis exercise is currently being undertaken to identify viable options and levels of required resources. This will be presented to planning and commissioning in December 2019.</p> <p>The CCG is involved in on-going W&E&E meetings which are made up of CCG and national leads which bring an opportunity to inform national service spec.</p>	<p>Adequate controls in place.</p>	<p>Adequate assurance in place.</p>	<p>Update CD (updated by 01/12/19.20) The planned change to the national CHC data recording framework has been delayed as a result of the Coronavirus pandemic, at this time there has been no further confirmation when the new technical specification will be published or when the planned changes will take effect, although speculation across the CHC network is that it will be April 2020. Despite the lack of clarity that are continuing to work with the remedial of the data collection processes as the proposed new parameters of the intended changes are seen to be beneficial to collect and report on at a local level.</p> <p>The head of NHS funded care will continue to monitor and inform the local redesign of the CHC process to ensure that recording and reporting systems continues to fall in line with the expectations of the National Framework.</p> <p>Debbie Lowe update 15/6/20 - COVID-19 Update - "COVID-19 Hospital Discharge Service Requirement" issued by the Department of Health and Social Care (DHSC) on the 10th March 2020: This document sets out the arrangements to ensure patients are not readily discharged from hospital. There has been a suspension of the Discharge Support Tool process during the period of this pandemic however a proportionate CHC checklist will continue to be utilised and accepted. The Care Home Capacity Tracker has enabled easy visibility of care home capacity at a local, regional and national level. There is a place coordinated local financial flows for NHS COVID-19 spend and emergency discharge arrangements mechanisms are in place to ensure expenditure and proportionate decision making for the application of Continuing Health Care 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 all COVID-19 related spend is accounted for and available. An impact analysis has been completed regarding NHS England new reporting regime to be introduced April 1st 2021 - the proposed changes have been analysed against current service delivery and are being used to inform service redesign. Once overall group has been formed with Terms of Reference and arrangements for two work-streams; Data, Finance & system development - workforce development, practice & process.</p> <p>06.05.2020 Update Chris Demoran: Impact analysis has been completed regarding NHS England new reporting regime to be introduced April 1st 2021 - the proposed changes have been analysed against current service delivery and are being used to inform service redesign. To support future redesign work an end-oversight group has been formed with Terms of Reference and arrangements for two work-streams; Data, Finance & system development - workforce development, practice & process.</p> <p>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 Continuing Health Care have been passed to enable prioritisation of the local framework responsibilities the redesign programme will recommence and continue in place for the introduction of the new Continuing Health Care data reporting programme.</p> <p>In response to the emergency discharge arrangements mechanisms are in place to ensure expenditure and proportionate decision making for the application of Continuing Health Care 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 all COVID-19 related spend is accounted for and available. Review in 3 months time - post Covid</p>	<p>28/09/2020 Linley, Clare Quality and Performance Committee</p>	

6 - Develop an agreed set of hospital strategy for Hull, supporting local Primary Care Networks to determine models for transition to integrated provision	942 Lack of capacity/availability within Primary Care Networks and the CCG to support Primary Care Networks to deliver the Long Term Plan.	High Risk 8	High Risk 8	Core Primary Care Team in place within CCG - Strategic Lead, Head of Commissioning - Integrated Delivery, Commissioning Manager, Commissioning Lead - Quality Lead and NHS LT Assistant Contracts Manager. 3 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. IT, Contract & Engagement. PCN self-completion of Maturity Matrix and OQ Plans. Resources available through NHS 119 for PCN and Clinical Director development. Humberwide LMCA Clinical Director development offer.	Reports to Primary Care Commissioning Committee regarding PCN establishment and development. Regular communication with PCNs and escalating of any issues to SLT if required.	Joint work with both Local Medical Committee and NHS EIT to support development of PCNs.	Adequate controls in place.	Adequate assurances in place.	13/06/20 Phil Davis - PCN LHM Managers continue to support PCNs regarding both COVID and other work. Collaborative working between Hull and ER CCGs has resulted in some economies of scale in supporting PCNs. 15/06/20 Phil Davis - PCN LHM Managers continue to support PCNs. Work to be undertaken to review PCN workforce and OQ plans. Hull & ER Clinical Directors continue to meet fortnightly with CCG and LMC. 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 NICE/Cold sites. Work undertaken with KC Frailty 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. 11/02/20 Phil Davis - CCG to work through implications of revised National Service Specifications and develop required support to PCNs for delivery in 2020/21. 03/12/19 Phil Davis - PCN OQ Plans developed and resources allocated to each PCN for implementation. CCG & NHS 119 providing support to PCNs across a range of issues including population health management (accelerator programmes). 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. 25/10/19 Phil Davis - This 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 it is recommended is closed. (AGC to consider closure of 901 at the November 2019 meeting.)	14/10/2020	Davis, Phil	Primary Care Commissioning Committee
7 - Maintain support for the effective local planning and response to the Coronavirus Pandemic, ensuring that positive innovations are retained, improved and generalised.	951 Risk assessment of staff within general practice, in line with the NHS England and NHS Improvement "Risk assessments for at-risk staff groups" letter of 23rd June 2020, and the necessary mitigating actions may result in some practices having reduced capacity to deliver some services (e.g., face-face consultations).	High Risk 12	High Risk 12	Risk assessment tools and guidance available from NHS England and NHS Improvement	Situation reports provided by practices which include outcomes of staff risk assessments	Sings returns to NHS England and NHS Improvement	Adequate controls in place.	Adequate assurances in place.	Phil Davis - 13/06/2020 - Practices have completed Risk Assessments on majority of staff and identified where action needs taking. CCG to review returns and identify any areas requiring for practices. Phil Davis - 29/07/2020 - Risk identified at Primary Care Commissioning Committee on 26/07/2020 needing to be a separate risk. Previously had been incorporated in the broader primary care workforce risk. New risk will be reviewed by AGC on 08/09/2020.	14/09/2020	Davis, Phil	Primary Care Commissioning Committee

Risk scoring = consequence x likelihood (4 x 4)
The risk score is calculated by multiplying the consequence score by the likelihood

Likelihood of occurrence	Consequences/Severity				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Extreme 5
Rare 1	1	2	3	4	5
Unlikely 2	2	4	6	8	10
Possible 3	3	6	9	12	15
Likely 4	4	8	12	16	20
Almost Certain 5	5	10	15	20	25