

CCG Strategic Risk Report March 2022 (extracted 16.03.22)

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
7 - Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.	839	Waiting times for CYP with Autism in the City exceed NHS Target of 18 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 compliant by June 2021. This is being monitored 6 weekly. New staff team were in place from Winter Sept 2019. Engagement with Charities - Matthew's Hub, Aim Higher, KIDS to ascertain additional input and support to CYP and families who are awaiting assessment and diagnosis.	There are internal assurance processes in place through the CMB and contract monitoring and review meetings in relation to the lead organisation (HFT). 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 (CCG) and to the Children and Families Board (Partnership).	Mel Bradbury 18.06.20 Recruitment of staff team complete to enable delivery of the service model and overall reduction in waiting times. 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.	16.03.22 Joy Dodson Delivery continues in line with trajectory. Additional capacity from third party providers has been secured. 21.12.21 Joy Dodson Sustained delivery against trajectory for longest waits. All opportunities for increasing capacity and going further faster are being collaboratively explored. 20.10.21 Joy Dodson Waiting list reduction continues in line with trajectory focused on those waiting the longest. Opportunities for further utilisation of third party capacity is being explored. 23.08.21 - Joy Dodson Positive progress continues with waiting list reduction trajectory being met and the length of the longest waits reducing also. 24.06.21 - Joy Dodson Targeted collaborative work on the longest waits; combination of third party provision (Healios), identifying young people at transition age (14+) on the waiting list and utilising capacity within the adult pathway and modified workplans for the paediatric team. Dashboard being developed for meaningful monitoring on a real-time basis. Trajectory established for elimination of +52week waits. Information Sharing Agreement in place between the provider and local authority to cross reference involvement of other services to families with a child or young person on the waiting list and identify gaps to provide offers of additional support. 19.04.21 - Joy Dodson ASD Task Group continues to meet in order to ensure recovery actions are effective.	22/04/2022	Dodson, Joy	Planning and Commissioning Committee
8 - Delivery of the CCG's statutory duties for 2021/22	855	Failure to achieve the control total for the financial year, non achievement of a critical financial target - potentially resulting in adverse attention at a local and national level.	High Risk 8	Extreme Risk 16	Expenditure for months 1-6 was covered through a national top up process ensuring a break even position for that period. For months 7-12 the CCG is required to play a part in the delivery of a system control total for the Humber region. The CFO played a key role in the development of system financial plans. NHS Hull is acting as Lead CCG for the region and therefore controlling and monitoring the utilisation of system funds for Provider Top-Ups, Growth, Covid and System Development Funds. A financial plan for months 7-12 has been produced and submitted to the region. The CCGs and NHS providers worked together to ensure that the system control total was achieved along with the statutory duties of individual organisations. Regular reporting internally and externally, Prime Financial Policies, Scheme of delegation and Standing Orders.	Robust financial Management System (including early warnings); Reporting to CCG Board, Quality and Performance Committee, and Integrated Audit and Governance committee	External Audit through Mazars; Internal Audit through Audit Yorkshire; Reporting to NHS England and Improvement.	Adequate controls in place.	Adequate assurances in place.	D5 - 06.12.21 - Forecasting the achievement of financial plans across the system. The successful use of the elective recovery scheme by provider organisations is key to the achievement of delivering this target, Danny Storr - 13.09.21 - current forecast indicates achievement of financial targets. D5 - 21/6/21 Financial targets for 2021 were achieved and plans are in place and have been approved by the Board for the first 6 months of 21/22, "H1". D5 - 16/02/21 A financial plan for months 7-12 has been produced and submitted to the region. Budgets have been set in line with this plan and monitored on an ongoing basis. Due to the way that plans were set across the system (Hull, as the lead CCG, had a surplus plan and the other CCGs had deficit plans) in order for each CCG to achieve their statutory duty to breakeven Hull will need to 'overspend' against its plan. As we are now working towards a system control total rather than an organisational control total this is not a cause for concern. Planning for 21/22 has been delayed until at least the end of Q1 with contracts with providers rolling forward. D5 - 26/10/2020 The CCG is complying with the guidance issued by NHSEI for the second half of the year. Baseline contracts with other NHS organisations have been determined nationally and then modified to include system financial resources. These are held by Hull CCG and distributed in line with agreements reached between each finance leaders. The Humber region is subject to a system control total with organisations having to achieve this collectively but not necessarily individually. This requires a significant amount of co-ordination. Draft financial plans have been produced by all organisations and are being reviewed.	31/03/2022	Sayner, Emma	Integrated Audit and Governance Committee
3 - Support the delivery of the priorities set out in the operational planning guidance, NHS Long Term Plan and the White Paper.	867	Failure to produce a comprehensive balanced Medium Term Financial Plan that takes account of allocation adjustments (e.g. Better Care Fund, updated allocation formula) that reflects the commissioning strategy and complies with planning guidelines.	High Risk 12	High Risk 12	For the first 6 months of the year, "H1", financial planning guidance has been received and a financial plan has been approved that complies with the requirements of this document. This has been approved by the CCG Board. There is continuous updating of the MTFP with contract variations and reconciliations to the general ledger. The Finance Team work closely with commissioners to understand required expenditure and strategic direction, including the impact of the Better Care Fund. Work closely with the Area Team to understand and anticipate allocation adjustments and the requirements of the planning guidelines.	Financial plan updates provided to the Planning and Commissioning Committee on a regular basis The CCG Board have approved the financial plan for H1. Updates on planning guidelines and pending allocation adjustments are shared through CCGB, SLT, P&CC, I&BGC.	NHS England pay close attention to the financial position of the organisation throughout the year and review and challenge the submitted financial plan.	Adequate controls in place.	Adequate assurances in place.	Danny Storr 06/12/21 - Financial plans for month 7-12 completed and submitted to NHS England. Danny Storr 13/09/21 - Planning guidance awaited for months 1 - 7. D5 21/6/21 - A financial plan has been produced for Months 1-6 that complies with the guidance set out by NHS England and has been approved by the CCG Board. D5 16/03/21 - Financial planning has been a continuous task through the Covid pandemic. The CCG works closely with all system partners to ensure that a good picture of the financial position and potential risks are understood. A financial plan was submitted and the CCG is monitoring itself against that. It should be noted that in order for partners in the system to achieve financial balance despite a deficit budget NHS Hull is required to show a deficit against a surplus budget. The financial regime for 2021/22 and beyond has yet to be communicated. D5 26/10/20 - Financial planning has been a continuous task through the Covid pandemic. The CCG works closely with all system partners to ensure that a good picture of the financial position and potential risks are understood. A financial plan is in draft format for the period 7-12. The financial regime for 2021/22 and beyond has yet to be communicated. It is for this reason that the risk score has been increased. D5 19/6/20 - Financial planning for 20/21 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/I to ensure that the CCG's financial position remains stable.	31/03/2022	Sayner, Mrs Emma	Integrated Audit and Governance Committee

<p>6-Development of an agreed out of hospital strategy for Hull supporting local Primary Care Networks to determine models for transition to integrated provision as well as a new clinical leadership model which increases the emphasis of primary care at all</p>	<p>902 CCG practices unable to maintain a resilient primary care workforce resulting in reduced access to services and patient needs not being met. This risk is further exacerbated by the requirements of primary care with respect to the COVID-19 response, and in particular support to the vaccine programme, as well as the implications from the White Paper relating to next steps for integrated care systems.</p>	<p>Extreme Risk 16</p>	<p>Extreme Risk 16</p>	<p>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 HC&V primary care workforce modelling as part of out of hospital care work-stream.</p>	<p>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.</p>	<p>External support for practice groupings to cover support for addressing workforce challenges</p>	<p>Need for NHS Pensions issue to be addressed at a national level to address the increasing number of GPs retiring.</p>	<p>Adequate assurances in place.</p>	<p>Phil Davis - 14/02/22 - 3 GP Fellowship schemes to support recruitment & retention being made available for practices in HCV - CATALYST, Enhanced scheme and Phoenix scheme. The Enhanced scheme is prioritised for under doctor areas in HCV including Hull. The VCOO requirements have been paused for further consultation. Further ARRS resource expected in 2022/23 to support PCN workforce development - confirmation awaited. Phil Davis - 07/12/21 - Risk rating increased from High to Extreme Risk to reflect current workforce challenge and in particular in recognition of challenge regarding Admin & Clerical / Reception workforce recruitment and retention in light of current access challenges. The Winter Access Fund is being used to support workforce including supporting primary care with recruitment. The Vaccination as a condition of deployment guidance has been received and its implications are being considered by practices - may create further pressure on the workforce. Phil Davis - 13/10/21 - Recruitment to a number of practice roles remains challenging. PCN refreshed plans submitted at end of August. Further work underway with PCNs where there is a projected shortfall in the utilisation of ARRS resources available. Work on-going to develop potential hub and spoke model to increase GP training opportunities in practices. NHS E International GP recruitment programme still underway. Phil Davis - 12/08/21 - PCN plans for Phase 3 COVID Vaccination programme include a range of staffing models including the Trust bank; all plans reviewed by CCG to assess risk for primary care. ARRS recruitment on-going with PCNs refreshing plans for 2021/22 by end August and for 2021/22 - 2023/24 by end October. PCNs working with NHS E regarding accessing resources for initiatives to support recruitment of primary care workforce. Hub and spoke GP Training model being explored to support placement of GP trainees in non-training practices.</p>	<p>11/04/2022</p>	<p>Davis, Phil</p>	<p>Primary Care Commissioning Committee</p>
<p>6-Development of an agreed out of hospital strategy for Hull supporting local Primary Care Networks to determine models for transition to integrated provision as well as a new clinical leadership model which increases the emphasis of primary care at all</p>	<p>915 There is significant patient and public opposition to plans for the development of new models of care resulting in services not being sustainable.</p>	<p>High Risk 12</p>	<p>High Risk 12</p>	<p>Development of a Communications and Engagement plan with patients and the public for the CCG Primary Care Blueprint.</p>	<p>Reports to the Communications and Engagement sub-group and the Primary Care Commissioning Committee.</p>	<p>Regular reports and consultation with the Hull City Council Health and Wellbeing Overview and Scrutiny Commission.</p>	<p>Adequate controls in place.</p>	<p>Adequate assurances in place.</p>	<p>Phil Davis - 14/02/2022 - Primary Care Comms and Engagement Group meetings re-established. New My City My Health My Care edition being planned. Comms and Engagement Team supporting practices where required regarding any potential service changes. Phil Davis - 07/12/2021 - Engagement pilot continuing. CCG offering support to practices where required regarding patient engagement. HCV Winter Access Fund plans include public facing communications regarding primary care. LMC also running a public campaign regarding primary care. Phil Davis - 12/10/2021 - Engagement pilot commenced with 5 pilot practices in Hull (1 per PCN) to develop the toolkit for use throughout primary care. Media coverage of access to primary care causing challenges for staff with reports of abuse particularly aimed at reception and telephony staff. Phil Davis - 12/08/2021 - Work continuing on engagement pilot. Phil Davis - 15/06/2021 - Hull CCG selected as pilot CCG for 'General Practice and Healthcare Partners Engagement Pilot' - aim is to support practices to provide inclusive access routes to their services and to engage with patients about these, promoting greater patient understanding and confidence in each route and greater use, where appropriate, of digital access channels. Target outcomes of the pilot include: improved patient understanding and experience of accessing GP care services; increased patient use of online consultation (OC) requests by patients; improved patient satisfaction with practice communications and improved satisfaction of practice staff with partner engagement as a result of the pilot. Phil Davis - 12/04/2021 - Further engagement work in Hull undertaken - preliminary findings to be presented to June 2021 PCCC.</p>	<p>11/04/2022</p>	<p>Davis, Phil</p>	<p>Primary Care Commissioning Committee</p>
<p>7- Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.</p>	<p>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 DfI 2015) that relates to Part 3 of the Children and Families Act 2014.</p>	<p>High Risk 9</p>	<p>High Risk 9</p>	<p>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.</p>	<p>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 Committee, Planning and Commissioning Committee and the Humber Foundation Trust Children's and Learning Disability Delivery Group.</p>	<p>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.</p>	<p>Adequate controls in place.</p>	<p>Adequate assurances in place.</p>	<p>16.03.22 Joy Dodson DfE review meeting noted positive progress in several areas. Further work to be continued in respect of ASD waiting lists, establishing the Neurodiversity service and embedding coproduction operationally. Accelerated Progress Plan to be refreshed. 21.12.21 Joy Dodson DfE meeting confirmed for 27 January 2021. Progress on the APP continues and is monitored across the partnership. 20.10.21 Joy Dodson SEND improvement continues to deliver the Accelerated Progress Plan. Next formal meeting with DfE planned for January 2022. 23.08.21 Joy Dodson SEND Strategy approved. Formal DfE review 19 July 2021 acknowledged positive progress made to date being mindful that there is more still to do.</p>	<p>22/04/2022</p>	<p>Dodson, Joy</p>	<p>Integrated Audit and Governance Committee</p>

5 - Maintain accountability for commissioning health services to meet the reasonable health needs of the people of Hull, but targeting in particular the most disadvantaged in local communities	919 The homecare market in Hull may be unable to deliver services to meet the needs of complex continuing healthcare (CHC) Service Users. There is a risk that the current lack of capacity in the homecare market may affect delayed transfers of care (DTC) particularly over the winter months.	Extreme Risk 15	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. City Healthcare Partnership Continuing Health Care team provide quality monitoring of individual packages of care.	The Local Authority Quality and Contract Monitoring team continues to undertake annual audits against the homecare contract and outcomes framework. Update 30/10/20 - CD in addition to this the team maintain a dashboard of evidence which is informed by a 6 monthly desk-top audit process and undertake additional announced and un-announced visits as required.	Reported within Hull City Council (HCC) risk register. Care Quality Commission (CQC) reports regarding the quality assurance of care provided.	30/10/20 - CD - Hull City Council provide an integrated commissioning and contracts monitoring unit to develop the market and provide quality assurance. This team prior to the pandemic had fulfilled all of its recruitment and a new quality framework has been implemented. In recognition of the pressures in demand for the homecare framework local authority commissioners working with the provider framework has made variations to maximise capacity. Work is underway to procure the homecare framework going forward which will be informed and supported by CCG Commissioners.	There is no formal integrated assurance process in place. Plans are advanced to establish an integrated quality board in December 2016 with reports to and from the Performance and Quality committee. The 3 largest providers in Hull have suspensions in place and are subject to CQC enforcement action.	ML-18/2/22 Chris Denman attending regular meetings with LA ongoing partnership work across systems, challenges re staffing, Covid impact. ML- 26/11/21. Ongoing work and meetings with the LA. Discharges capacity discussed at the Strategic Oversight Group on 24/11/1. Chris Denman 27.10.21 - As a result of the market shaping and recommissioning process, significant changes have taken place within the current market. Some issues have occurred as a result of those providers who have either not been successful through recommissioning or made the decision to not tender. This has meant that 3 providers have started to hand back packages of care. The risk has escalated due to the existing high demand and supply issues affecting the rest of the market as a result of significant recruitment and staff shortages. Leaving the LA with the only option of their internal 6 week re-ablement service (Supporting Independence Team - SIT) picking up approx. 600 long term hours, which is also having an affect on their CZA availability for supporting people discharging who need a short term package of care. There are also issues for those providers who remain in the market, as the outcome of the re-tendering has not been fully confirmed and therefore, the delay in providing an outcome is a prohibitive factor in those existing providers being in a position to make longer-term investments with respect to resolving the local recruitment crisis. As the HoS in the CCG continue to attend the daily market escalation meeting with the LA, enabling oversight and opportunity to discuss and agree mitigation and if required further escalation. At this time the risk within the market, although being somewhat managed does remain significant and evidence over the last 2 weeks has particularly highlighted that the risk is daily. Chris Denman update 10.09.21 at the last review focus was placed on the recommissioning of the new domiciliary care framework to support people in the community requiring care and support. However, due to escalated pressures within the current market and increased demands within the local Discharge to Assess pathway, there have been two recent provider failures with respect to short notice handing back of packages of care for approx. 35 people living in the HU4.5 & 6 areas of Hull between the two providers. A small number of CHC funded packages of care were also impacted as a result. Working with the LA, discussions took place within the rest of the market and internal LA homecare provision to re-provide the packages of care. Peoples safety has therefore, been maintained, however, at the expense of further limiting capacity to support ongoing system pressures. For oversight the Head of NHS Funded Care is a participating member of the LA daily market oversight huddle, although such oversight is in place to seek management and assurance regarding the ability of local provision to meet needs on review of the current risk rating it is recommended that the risk score is increased to reflect the potential likelihood and impact of the situation. Review time-scale has also been slightly lengthened to capture the impact of the situation and any mitigation leading up to the winter pressures period.	31/03/2022	Lowe, Debbie	Quality and Performance Committee
8 - Delivery of the CCG's statutory duties for 2021/22	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.	NHS Self Declaration Compliance for 2019/20.	Adequate controls in place.	Adequate assurances in place.	18.02.22 - Michelle Longden - BCM Communication exercise planned for February 2022. EPRR/ BCP Cyber test event for ICS planned for March 2022. 16.12.21 - Michelle Longden - BCM Plans requested by Dec, BCM update provided at November IAGC, 2022 BCM exercise arranged. 26.10.21 - Michelle Longden - Comms Team to circulate a reminder re updating BCM plans, actions from BCM exercise in process of completion. Presentation to include BCM to be provided at next IAGC. 23.07.21 - Michelle Longden - No further updates to below. 24.05.21 - Michelle Longden - Following receipt of updated plans, review of plans will take place. 21.04.21 - Michelle Longden - No further update to below. 15.03.20 - Michelle Longden - BCM Plans to be reviewed by BCM Group / BCM Lead to ensure fit for purpose. 15.12.20 - Michelle Longden communication sent to all staff regarding reviewing and updating Emergency communication cascade system / CCG Business Continuity Management plans. 27.10.20 - Mike Napier - Teams requested to review and update BCM plans in line with change of working arrangements due to covid 19.	30/03/2022	Napier, Michael	Emergency Preparedness Resilience and Response and Business Continuity Management Group, Planning and Commissioning Committee
4 - Work in partnership with Hull City Council and others to implement a population driven approach	929 Clinical risk impacting on patient safety and quality - due to capacity and availability of CQC (Care Quality Commission) registered Nursing Care Homes in Hull and East Riding.	Extreme Risk 15	Extreme Risk 16	The new operating model for adult social care is based around supporting people outside of residential care. The NHS-CHC (NHS Continuing Healthcare) team and social worker practice	The Continuing Healthcare team review nursing case applications and report on appropriateness to the Head of NHS Funded Care.	Updated 30/10/20 CD - July 2018 the Local Authority and the CCG agreed a joint framework for residential and nursing care provision in the City - the	There is limited capacity with existing community services to support individuals to reside in residential care homes as an alternative to nursing care	It is unlikely that existing commissioning activity will prevent market failure.	ML 18/2/22 Ongoing challenges as below. Daily operational meetings with LA regarding care requirements. Working with LA/ CQC to try and support residential market. Chris Denman 27.10.21 - The significant pressures and instability within the residential market continues	31/03/2022	Lowe, Debbie	Quality and Performance Committee

<p>to improving health outcomes and reduce health inequalities.</p>				<p>supports individuals as far as possible in remaining in their own homes. This will reduce some of the demand for nursing beds.</p> <p>Access arrangements have been reviewed as part of the NHS funded care transformation programme with the aim to introduce a more robust criteria and assessment to ensure only those who absolutely need to be admitted to nursing care (not residential care with community nurse support) are placed into nursing beds. The transfer to assess process is in post and more robust application of the FNC (funded nursing care) eligibility criteria is in place.</p>		<p>Framework is for Byrs with an option to extend for a further 2 years this was agreed with the intention of building stability in the market and providing a sustainable funding stream enabling care providers to plan their business offers - access to the framework is by a Dynamic Purchasing System which is in turn facilitated by the LA brokerage team. The process of brokerage and DPS enables more dynamic discussions to take place with the market with respect to meeting local demand. Therefore, were additional investment or a change in FNC funding streams were to take place the DPS will enable the required market shaping to take place.</p> <p>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.</p>	<p>homes. CCG funding has been agreed for a new health in care homes team and there are links to the integrated care centre and frailty pathways. Additional funding has been made available for CHCP to increase community staff to support in care homes.</p>		<p>to be of daily concern. Most recently a local residential nursing service, has deregistered their nursing beds removing 14 nursing beds from the local market. There have also been other residential based services that have been subjected to further enhanced intervention from the CCG. Such activity has led to the registration being revoked by the CCG and immediate notice has been given. Another 2 homes are also on the CCG watch list. The HCS in the CCG continues to attend the daily market escalation meeting with the LA, to provide oversight and joint working to propose and agree mitigation. Regular commissioning meetings are also in place to consider wider impacts of the residential nursing market, including focused intervention with those remaining nursing providers. Risk continues to be significant and occurring daily</p> <p>Chris Denman - update 10.09.2021 - due to increased pressures within the D2A system and market instability affecting the availability of placement within the residential and nursing market this update has been brought forwards to reflect the current issues that are causing significant increases in risk with respect to potential likelihood and impact.</p> <p>There has been a review of current vacancies within the residential and nursing market, there are currently 87 care homes including nursing, older people, LD, ASD & MH - there are currently 166 vacancies, however, reviewing this situation in more detail there are only 54 accessible placements within the next 2 weeks once staff availability and infrastructure have been taken into consideration. It is also important to identify that 45 beds are in the process of being decommissioned by a care provider (Care UK) - the service was previously decommissioned from nursing to provide only residential care late 2019. The impact means that the 54 spaces within the local system will be required to provide service to the 36 current residents of that service once it closes. CCG is also taking formal proceedings and actions against another 30 bed home in the city, with the outcome expected in November. The situation is of equal level of pressure in surrounding areas of the region. Therefore, from a residential and nursing perspective it is necessary to review the risk rating.</p> <p>For oversight the Head of NHS Funded Care is a participating member of the LA daily market oversight huddle, although such oversight is in place to seek management and assurance regarding the ability of local provision to meet needs on review of the current risk rating it is recommended that the risk score is increased to reflect the potential likelihood and impact of the situation.</p>			
<p>7 - Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.</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.</p> <p>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 performance and outcomes at bi-monthly service development meetings and through the Humber 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.</p>	<p>05.02.2020. Update Internal assurance continue that include Joint Commissioning Forum and relevant CCG Committees and Board.</p> <p>The HFT Children and Learning Disability Delivery Group, HFT/CCG CHG meetings also provide assurance.</p>	<p>05.02.2020 Update 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 Revisit in October 2019 makes clear reference to the concerns of parents and carers related to timely access to this service. The DfE and NHSE will determine next steps at a meeting with LA and CCG executive leads in February 2020. This is likely to include continued external monitoring by DfE and NHSE.</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 fora at various levels including executive, senior leadership and 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 - CCG undertaking work with the provider.</p>	<p>16.03.22 Joy Dodson Improvement of SLT waiting list continues and was specifically noted positively following the Department for Education review.</p> <p>21.12.21 Joy Dodson Collaborative working with the SLT service continues, system pressures are still prevalent but waiting times trend is shorter waits.</p> <p>20.10.21 Joy Dodson SLT waiting lists continue to be managed closely. Head of service attended SEND Board in October 2021 to highlight work ongoing for further service improvement.</p> <p>23.08.21 Joy Dodson Overall waiting list has increased due to a significant spike in referrals in May 2021 (post-lockdown/Easter), average waits to be seen have extended by approximately three weeks.</p> <p>24.06.21 Joy Dodson General improvement in waiting times. Overall waiting list for unseen waits at 30 April 2021 is 534 (125 waiting over 18 weeks). Average wait (seen) from referral to assessment (first clinical contact) 11.7 weeks and from referral to treatment commencement (second clinical contact) 19.6 weeks.</p> <p>19.04.21 Joy Dodson Waiting list improvements are now being seen. Work is ongoing across health and local authority to embed upstream pathways for speech language and communication needs.</p>	<p>22/04/2022</p>	<p>Joy Dodson, Mrs</p>	<p>Planning and Commissioning Committee, Quality and Performance Committee</p>
<p>8 - Delivery of the CCG's statutory duties for 2021/22</p>	<p>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</p>	<p>High Risk 10</p>	<p>High Risk 10</p>	<p>Updated 29.06.20 KE Increased usage of none face to face meetings reducing travel and carbon footprint</p> <p>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</p>	<p>Updated 29.06.20 KE Increased use of none face to face contact across the CCG and amongst commissioned providers has reduce travel and thereby carbon footprint.</p> <p>Limited at present - Identified through the EPRR self-assessment</p>	<p>25.11.19 Karen Ellis The CCG has self reported as part of the national EPRR core competencies 'deep dive'.</p> <p>Limited at present.</p>	<p>Updated 29.06.20 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 is reduced. More consistent usage of sustainability impact assessments.</p>	<p>04/06/21 Karen Ellis - no specific action plan required at present over and above what is in place. This position is reviewed on a regular basis.</p> <p>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</p>	<p>26/01/22 Karen Ellis - impact of changed working practices on carbon footprint continues. HCV continues to raise awareness around climate change and carbon footprint.</p> <p>26/10/21 Karen Ellis - impact of agile working continues to positively impact on the CCGs carbon footprint relating to travel, but this is offset with maintaining Wilberforce court and in increased carbon footprints within individual residences. HCV have been holding a series of lunchtime seminars which have been accessed to review the wider context and options around climate change and sustainability.</p> <p>04/06/21 Karen Ellis - No specific change. It is anticipated that there will be an increase in carbon footprint as work patterns start returning to normal but opportunities remain to continue to deliver some of the reduction. The changes will start to reduce the impact of under utilised offices as usage starts to increase.</p> <p>15.02.21 Karen Ellis - The CCG completed a self-assessment against national actions to reduce the CCG's carbon footprint and thereby reduce climate change. For those actions within the CCG's remit work is progressing against short/medium term actions. The positive impact of the pandemic continues with the CCG having a reduced carbon footprint related to the use of fossil fuels. This is offset by the carbon usage of under-utilised offices and the increased use of technology.</p> <p>27/10/20 KE There is ongoing continued benefit on the reduction of transport generating carbon footprint. This is, to a degree, balanced by the carbon footprint of the offices with relatively low occupancy. There have been no weather extremes over the summer months and planning is underway for the winter months.</p>	<p>30/03/2022</p>	<p>Ellis, Karen</p>	<p>Emergency Preparedness Resilience and Response and Business Continuity Management Group, Planning and Commissioning Committee</p>

6-Development of an agreed out of hospital strategy for Hull supporting local Primary Care Networks to determine models for transition to integrated provision as well as a new clinical leadership model which increases the emphasis of primary care at all	942 Lack of capacity/capability within Primary Care Networks and the CCG to support Primary Care Networks to deliver the Long Term Plan.	High Risk 8	High Risk 12	Core Primary Care Team in place within CCG - Strategic Lead, Head of Commissioning - Integrated Delivery, Commissioning Manager, Commissioning Lead - Quality Lead and NHS E/ 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. HumberSide LMCS 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 E/ to support development of PCNs.	Adequate controls in place.	Adequate assurances in place.	14/02/2022 - CCG continues to work with PCNs to support development and delivery of Network DES requirements. Support offer remains in place across current CCG teams and will be developed as part of future ICS Place arrangements. 07/12/2021 - Work continues with PCNs - Clinical Directors and Lead Managers to support development including development of future place arrangements and PCNs role within them. 13/10/2021 - HCV ICS and Place plans, alongside Humber Primary Care Collaborative development incorporating support required for PCNs. 12/08/2021 - CCG continues to work with Humber CCGs and NHS E colleagues to support PCNs. PCNs developing plans for utilisation of 2021/22 PCN OD monies. Model of support for PCNs being developed as part of transition to ICS. 24/06/21 - Phil Davis - Risk rating to be discussed with PCCC in June 2021 and will be updated accordingly. 15/06/21 Phil Davis - Closer working developing across 4 Humber CCGs and with NHS E colleagues in relation to primary care and delivery of 2021/22 plans. Risk however remains during period of transition. 12/04/21 Phil Davis - Risk rating increased due to a number of CCG staff leaving roles and reduced capacity in CCG in short-term. Plans in development to cover gaps and review staff working across Hull & NL CCGs. 15/02/21 Phil Davis - Meetings between CCG PC Team and PCN Clinical Directors continuing. Additional support for Clinical Directors provided for Q4 2020/21 by NHSE. Link managers continue to support PCNs. Bevan Ltd PCN recruiting a secondee to a manager role to support PCN development. Practices being supported through CCG and LMC regarding business continuity plans.	11/04/2022	Davis, Phil	Primary Care Commissioning Committee
5 - Maintain accountability for commissioning health services to meet the reasonable health needs of the people of Hull, but targeting in particular the most disadvantaged in local communities	943 Lack of suitable care providers, both locally and nationally, who are able to provide complex care packages within the community are compromising the CCG's ability to support individuals residing in the least restrictive care setting. This poses a clinical, financial and reputational risk to the CCG. Update 17.08.20 KE 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.	High Risk 9	High Risk 12	17.08.20 KE 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 Mel Bradbury 18.06.20 - Covid restrictions reducing patients identified ready for discharge continually being reviewed in terms of Covid guidance. 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	17.08.20 KE Oversight by Quality and Performance Committee SRO in place 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	17.08.20 KE Feedback from NHSE on progress Working in line with national programme 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.	21/02/22 Karen Ellis National position remains constrained NHSE unable to commission additional specialised beds causing pressures through system. Work continues to encourage local providers to come forward but response is low. Humber FT is flexing as much as possible to ensure individuals are getting some support from formal services. 26/10/21 Karen Ellis National position becoming more constrained as providers are struggling to recruit staff and are focusing on accepting lower complexity cases. Work ongoing across Hull and the wider system to encourage care providers to come forward to manage these complex cases with additional support to develop any gaps in skills and the use of 'through the door' services to supplement. 04/06/21 Karen Ellis Little change in overall position. Starting to develop relationships with some new care providers but main focus is on enhancing the ability of known providers to meet patient needs. All cases monitored and plans in place, where appropriate, to support movements through system. 12/02/21 KE Little change in current position. Challenges remain identifying suitable packages for our most vulnerable, highly complex cases. Monthly and weekly oversteer of cases/progress maintained. 27.10.20 KE Challenges remain in identifying care packages, especially for our most vulnerable, highly complex cases. Utilising regional frameworks where appropriate. 17.08.20 KE Routine business has recommenced. Work is underway to identify pre-discharge plans and discharge solutions for some of the CCGs most complex cases. Progress is slow as we identify which care providers are still valid within the market following the impact of COVID on workforces.	31/03/2022	Ellis, Karen	Quality and Performance Committee
9 - Maintain support for the effective local planning and response to the Coronavirus Pandemic, ensuring that positive innovations are retained, improved and generalised.	957 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 25th June 2020, and the necessary mitigating actions may result in some practices having reduced capacity to deliver some services or being unable to deliver some services (e.g. face-to-face consultations).	High Risk 8	High Risk 12	Risk assessment tools and guidance available from NHS England and NHS Improvement	Sitrep reports provided by practices which include outcomes of staff risk assessments	Sitrep returns to NHS England and NHS Improvement	Adequate controls in place.	Adequate assurances in place.	Phil Davis - 14/02/2022 - OPEL reporting daily Monday - Friday continuing. Engaged with HCV work on response plans. Main reason for reporting OPEL levels indicating pressure in primary care remains staff absence. Phil Davis - 08/12/2021 - Implementation of daily OPEL reporting by practices underway - includes development of system plans for support and mutual aid when required. Phil Davis - 13/10/2021 - CCG receiving sitreps from practices by exception. Planning to extend use of the local system App for OPEL reporting to general practices. CCG continues to support practices where absences create capacity problems. Phil Davis - 12/08/2021 - National General Practice SOP withdrawn in July. CCG continues to receive sitrep information from practices through PCNs - levels of COVID related absences remain low. Phil Davis - 15/06/2021 - New National SOP received May 2021. Weekly sitrep process remains with practices / PCNs reporting by exception. All Hull practices reporting Green for a number of months - risk rating reduced Phil Davis - 12/04/2021 - Practices continue to deliver services in line with national general practice SOP during recovery phase. Nationally government has confirmed advice that shielding to be paused from 1/04/21. A letter was sent to all GP practices confirming change to shielding advice, requiring employers to refresh risk assessments of clinically extremely vulnerable staff, and setting out principles for the support of staff.	11/04/2022	Davis, Phil	Primary Care Commissioning Committee
8 - Delivery of the CCG's	960 NHS Hull CCG have an existing provision in	High Risk 8	High Risk 12	Throughout 2019 and 2020 the CCG have been	Through the CCG's internal	Quarterly performance reporting	Adequate controls in place.	Adequate assurances in place.	ML- 18/2/22 Standard Operating process agreed with LA to support this work. Progress made via internal	31/03/2022	Lowe, Debbie	Quality and

<p>statutory duties for 2021/22</p>	<p>place with the Hull City Council (HCC) as part of the Continuing Healthcare service. This being through a Sec 75 arrangement for the Case management, care/support planning, MCA/BI and brokerage functions. HCC have faced ongoing challenges in recruiting to roles and have now confirmed an intent to end this arrangement. NHS Hull CCG therefore need to ensure a future state; one with provision and arrangements in place for an end to end service. NHS Hull CCG hold statutory duties in respect of ensuring case management for people eligible for Continuing Healthcare as directed by the National Framework.</p> <p>The CCG is at risk of not meeting its statutory duties in respect of case management for people eligible for Continuing Healthcare as directed by the National Framework.</p> <p>The existing arrangement with the Hull City Council through a Sec 75 arrangement is to end. Following the LA review of the arrangement the CCG has identified urgent need to consider a different option for delivery.</p> <p>Without securing an alternative, eligible people are at risk of not having their assessed eligible needs met and the CCG is at risk of not meeting its statutory responsibilities.</p>			<p>actively working with the LA and the contracted provider CHCP to mitigate any gaps in provision and risks as a result of the LA's resource implications.</p> <p>Daily and weekly engagement with the LA adult social care team to and the CHCP team to ensure that eligible people are supported appropriately. The Head of NHS Funded Care also receives regular (daily and weekly) case load data in relation to CHC funded people and were any delays or gaps in case progression has occurred this is escalated to the Head of NHS Funded Care through weekly meetings with the Contracted Provider CHCP and with the LA through dedicated forums.</p> <p>Weekly joint decision making forums with the LA regarding CHC eligibility decisions, and joint Working Forum for the ratification of care and support plans to be commissioned for a CHC eligible person</p> <p>This has meant that the day to day case management, support/care planning and brokerage functions for CHC funded people has been provided within their existing limited staff resources. Through negotiation additional oversight provided by the CHCP clinical team to give assurance that the proposed care and support plans, brokered service are deemed proportionate and able to meet the defined eligible health needs.</p> <p>The mitigation is focused on managing the risks of a fragmented delivery for CHC eligible people, where they have a number of potential contacts to provide them with advice and support, there is lack of consistency.</p> <p>A redesign Terms of Reference and structure has been agreed previously and work will commence to re-institute this process to provide the CCG with viable options to provide a permanent resolution to this risk.</p>	<p>governance structure, regular reporting has taken place to Quality & Performance Committee, this has occurred through usual quarterly performance reporting and by exception.</p> <p>Updates in relation to the position of the redesign and the impact of the national Pandemic have been provided through the Joint Commissioning Forum as well as the CCG's Senior Leadership Team.</p>	<p>providing assurance to the NHS-El of Hull's continued performance in meeting the expectations of the National Framework.</p>			<p>CCG meetings and a meeting was held with CHCP 14/2/22 to progress.</p> <p>LS on behalf of ML - 26/01/22 - a meeting was held with senior team members, Hull CCG, on the 20th of January 2022 to plan for a project manager and also a band BA role to support bringing CHC in house.</p> <p>ML - 26/11/21- Meeting held with CHCP senior team on the 8/11/21 regarding progressing/ scoping possible transfer of staff to the CCG to support CHC. Further meetings to be organized.</p> <p>CD - 27.10.21 - proposal was accepted by the CCG SLT, in addition to the proposal draft ID's were also provided to enable discussions with the HR team to be taken forwards. next stage is for COO and DON to raise the SLT decision via the ICS/ICB prior to authorisation to proceed with recruitment.</p> <p>CD 10.09.21 - proposal has been developed identifying a 2 phase redesign program, the proposal will be presented to the CCG's SLT on the 13th of Sept 21, to seek approval in phase 1 to recruit a dedicated case management team within the CCG, overseen by a band 6/6j operational manager - the proposal has been developed in response to risks 960 - 961 - 962 on the register. until agreement has been made and proposed plans are implemented risk score will remain - review period 4 weeks will take account of the proposals being presented and seeking approval and endorsement through the necessary governance processes</p> <p>DL 30/7/21 - Head of Funded Care (HoFC) developing programme for future state, further discussion being held with ERY COO in progressing proposals for future state. Exec level meeting to be arranged to oversee processes and decision making.</p> <p>DL - 2/6/21 Paper presented to ICOB, outlining the options for interim arrangements and for a future state; in achieving an end to end service. The paper acknowledged the need for change, the risks and opportunities which will evolve in the ICS. This paper requires presentation to the CCG Board and will then be presented to CIC.</p>		<p>Performance Committee</p>
<p>8 - Delivery of the CCG's statutory duties for 2021/22</p>	<p>961 Risk of not fulfilling duties with respect to ensuring eligible people having access to personalised care and support through Personal Health Budgets (PHB) due to current arrangements for case management.</p> <p>A decision taken in August 2017 to transfer the case management, care/support planning and brokerage functions for CHC eligible people to the Local Authority has impacted on the CCG being able to increase the offer of Personal Health Budgets (PHB) for eligible people.</p>	<p>High Risk 10</p>	<p>Extreme Risk 15</p>	<p>New referrals for CHC that have been supported by the LA has included people who already receive there care and support through a LA funded Direct Payment (DP). The DP provided by the LA enables the employment of a PA or an agency to meet personal care needs and/or a day service were socialisation has been identified as a need.</p> <p>Working with the CHCP Team steps have been made prior to the Coronavirus National Pandemic to review the existing Eligibility screening and Decision Support Tool process, to include indicative budget setting which is a required step in being able to provide eligible people with the information they need to decide whether they wish to take up a PHB.</p> <p>Discussions continue with the CHCP team to identify eligible people who would benefit from a PHB in meeting their assessed care and support needs and negotiate the opportunity within their current contracted terms to provide this support on a case by case basis.</p> <p>Although this step does start to mitigate the risk of the CCG not meeting its statutory duties with respect to PHB as a default offer and the longer term solution is dependent on the decision regarding the allocation of resource pertaining to the full case management, support/care planning and brokerage for CHC as highlighted in Risk 960.</p> <p>Although the access to PHB is limited to eligible people, alternative provision through contracted services is accessible and therefore, no eligible person is left with their assessed and identified primary health need not being met.</p>	<p>The impact of the controls has been limited, however, the position is reported regarding PHB has been reported within the CCG internal governance structure, with detail being shared through quarterly performance reporting as well as by exception to the Quality & Performance Committee.</p> <p>Progress and update relating to the CHC operational delivery redesign, which includes PHB operational delivery is reported to the CCG Senior Leadership Team (SLT) and through the Joint Commissioning Forum (JCF)</p>	<p>PHB data is captured in a dedicated personalisation quarterly reporting regime to NHS-El</p> <p>The issue pertaining to the static numbers of eligible adults has been raised and is an exception to the CCG's high level of performance with respect to Children's Continuing Care and Wheel Chair PHB's</p>	<p>Adequate controls in place.</p>	<p>Adequate assurances in place.</p>	<p>ML - 18/2/22 Work progressing by Chris Denman.</p> <p>ML-26/11/21 - No current changes to add on review</p> <p>CD - 27.10.21 - proposal was accepted by the CCG SLT, in addition to the proposal draft ID's were also provided to enable discussions with the HR team to be taken forwards. next stage is for COO and DON to raise the SLT decision via the ICS/ICB prior to authorisation to proceed with recruitment.</p> <p>Chris Denman - 28.05.21 The CCG's SLT endorsed the proposed options within the paper provided on the 26th of April, following the SLT approval a paper was drafted and was presented at ICOB on the 21st of May, clarifying the CCG's preferred options and setting out the proposed way forwards. The next step is to refine the option further before taking the final decision through CCG board and CIC later in June/July.</p> <p>16.4.21 - DL - CHC contracted provider continues to support those established during the initial PHB pilot in 2012, which is approx. 27 people. Issues and risks associated with PHB and Case Management raised in the ICOB meeting in March 21, options appraisal and proposals to mitigate through new arrangements being developed and for decision.</p>	<p>31/03/2022</p>	<p>Lowe, Debbie</p> <p>Quality and Performance Committee</p>

1 - Facilitate strategic Humber-wide planning and transformation, focusing on quality outcomes and patient experience as the catalysts for clinically-led change.	963	Risk to patient safety at Hull University Teaching Hospitals NHS Trust. Serious incident reporting within some areas of clinical services and practice evidencing a failure to embed learning and quality improvement plans currently evidence a lack of sustainable change. Actions taken by the Trust in some areas are failing to mitigate against incidents and recurring themes are apparent. During 2020/21 year to date, there has been eight surgical related Serious Incidents and one Never Event. The Trust is also reported an increase in respect of diagnostics, pressure ulcers' and falls.	High Risk 9	High Risk 9	The Trust have developed a quality improvement action plan to improve the surgical checklist process that is being overseen by the Trusts Chief Medical Officer. This is now complete and efficacy of this is being monitored via the Quality Delivery Group. Quarterly reporting to the Quality and Performance committee and the CCG Board, detailing monitoring processes in place and identified required actions.	The Serious Incident panel monitors surgical incidents reported by the Trust and escalates, where appropriate, concerns to the Quality Delivery Group.	Regular reporting in place via the Humber Coast and Vale Quality Surveillance Group.	Adequate controls in place.	Adequate assurances in place.	26/01/22 LS - Positive reduction noted in the number of falls, pressure ulcer and surgical related SIs during Q3 2021/22 as well as the number of never events when compared to previous years. Progress against quality improvement work continues to be monitored via the SI panel. 26/11/21 ML-Ongoing QPP and QDG meetings with HUTH, CCG Quality & Patient Safety Lead has undertaken 4 week piece of targeted work with HUTH to support SIs. Request made to see their SI recovery plan. 26/10/21 ML - Ongoing work within the Trust on Falls, pressure Ulcers. Trust undertaking recruitment to diagnostic services. Missed Opportunity Audit undertaken with system partners and NHS E/I to support flow of patients in ED and support by reducing long trolley waits. Interim Deputy Director Nursing attends Trusts weekly SI Incident Review Groups (alternating with ERY DDN). Next QDG 8/11/21. 26/8/21 DL - The Trust now has improvement plans in place for Falls, Pressure Ulcer and Diagnostics, all acknowledged as areas of higher reporting. QDG continue to maintain oversight of the progress of these plans, all of which are also included within the Trusts Quality Priorities for 2021/22. QDG September 21 focussed meeting on Maternity. 30/7/21 DL - Risk reviewed and rating remains unchanged and continue to see themes in falls, diagnostics, maternity and pressure ulcers. Improvements plans are in place and monitored within QDG, as agreed with the Trust on 29/7/21 QDG will have quarterly focussed sessions on the Quality strategy, priorities in the quality account and detailed improvement progress updates.	25/03/2022	Low, Debbie	Quality and Performance Committee
5 - Maintain accountability for commissioning health services to meet the reasonable health needs of the people of Hull, but targeting in particular the most disadvantaged in local communities	969	If the CCG and partner agencies(LA and Humber CCG's) do not commission services to support and provide wrap around care to young adults with behavioural/mental health issues, then there is a risk that these individuals will become homeless (if the individual does not meet the threshold of the mental health act and/or children's act and refuses to return home or is unable to return home) and go into crisis meaning that their lives will be significantly impacted.	High Risk 12	High Risk 12	21/02/2022 David Pullen- Higham. Continue to monitor measures below. Recruitment has commenced for CYP safe space 03/12/2021 David Pullen-Higham - HUFF & Humber have secured ICS funding for a CYP crisis pad in the city. This will offer safe space for de-escalation. TCP market development workstream has submitted a capital bid for respite/pre crisis placement in Hull. This would support the rapid assessment and formulation of presenting needs. Discussions are ongoing with system partners to look at possible providers and options. TCP has appointed a market development manager to help develop placements. This has been escalated to the MH provider collaborative exec meeting	Discussions are ongoing with system partners to look at possible providers and options.	The system is aware of the issue at a HCV level. MH collaboratives are taking ownership of this issue and are organising a meeting to look at developing a resource locally across system partners in which the CCG will be a system partner	Lack of local provisions of placements means that we are unable to provide wrap around support placement issues causing them to breakdown. YP become homeless often due to the lack of provisions. Difficult decisions need to be made about who is responsible for the financial cost of any placements. No clear pathway for these YP-so can end up falling between services until they end up in crisis. NHSE commission these services so it is out of our gift to commission.	No one organisation is leading the response when required for these individuals- unclear as to where it should sit	David Pullen-Higham 21/02/2022 - Decision support register for CYP is now operational which will identify CYP at risk of displacement earlier. Continue to work with LA to identify further opportunities to manage risk. Recruitment has commenced for the HUFF & Humber have crisis pad in the city. This will offer safe space for de-escalation. David Pullen-Higham 30/12/21 - initial risk score has been reviewed and based on incidents this year reduced to 12 based on frequency of at least Monthly. Current risk score remains the same until new controls (above) are in place. expected risk will reduce to 8 (major/annually) David Pullen-Higham 03/12/21 - Key controls updated Michela Littlewood 19.10.21 - TCP has appointed a market development manager to help develop placements	31/05/2022	Pullen-Higham, David	Planning and Commissioning Committee
8 - Delivery of the CCG's statutory duties for 2021/22	970	Loss of capacity and organisational memory as staff leave roles at NHS Hull Clinical Commissioning Group - W/berforce Court would leave CCG at risk of delivering key functions	Extreme Risk 16	High Risk 12	CCG Due Diligence and Integrated Care System (ICS) / Integrated Care Board (ICB) readiness to operate programmes including, specialty, people plan, transition, workforce planning and records management process. 25.02.22 Erica Daley Shadow Health and Care Partnership Committee been established with development workshops and operational delivery task and finish groups for key functions. HR management of change programme underway. OD support for teams in place. Interim arrangements for CCG Board / clinical leadership ready for consultation. Inclusion of teams in review of all CCG functions across the Humber aligned with other CCG's.	Hull CCG Due Diligence Closedown - Internal Task and Finish Group 25.02.22 Erica Daley - Hull shadow health and care partnership. Hull SLT	Internal Audit Review 25.02.22 Erica Daley ICS programme management group. Humber SLT	Adequate controls in place.	Adequate assurances in place.	25.02.22 - Erica Daley Place Transition paper distributed by the ICS designate. Task and finish groups reviewing CCG functions to inform new operating model in anticipation of further guidance from the ICB designate team. Fortnightly team briefs to maintain staff engagement in place developments, CCG and ICS newsletters for information. 17.12.21 - Erica Daley Further mitigation of risks contingent on external factors such as Integrated Care Board (ICB) approval of Humber staff / functions modelling. Due diligence transition process underway.	31/03/2022	Daley, Erica	Integrated Audit and Governance Committee
1 - Influence at a system level the transition to ICS as well as effective operating arrangements for the Hull Place and clinical leadership within Hull	972	The current workforce position, across health and social care, in the context of sufficient numbers of / appropriately qualified and experienced staff, is impacting on the quality and safety of service provision. Factors include failure to recruit to vacant posts, general sickness absence, COVID-19 redeployment, cover, and self-isolation periods, generalised staff turnover, retirement. A sustainable solution is required to continue to deliver quality services safely and effectively, and to protect staff health and wellbeing.	Extreme Risk 15	Moderate Risk 6	Staffing is a standing agenda item within Provider Quality forums, safer staffing reports are routinely produced and reviewed with mitigations provided.	Staffing is included within reporting to the Quality and Performance committee and Board.	Monitored via Provider Quality forums.	Adequate controls in place.	Adequate assurances in place.	Michela Littlewood 16.03.22 - following IAGC meeting on the 8/3/2022 and discussion regarding staffing across providers, this risk rating has been reviewed to a 15. Rationale, this occurs at least daily with 1 provider. 15 - New risk, to be reviewed quarterly or earlier if there are significant changes / risk to services identified.	29/04/2022	Low, Debbie	Quality and Performance Committee
2 - Facilitate strategic Humber-wide planning and transformation, focusing on quality outcomes and patient experience as the catalysts for clinically led change	973	There is a risk to patient safety due to NRS, from who Hull CCG commission wheelchair, assessment and provision service, being unable to manage the waiting lists for both initial assessment, clinical provision and reviews. As a result patients are experiencing increased waiting times and a lack of appropriate clinical expertise leading to harm.	Extreme Risk 16	Extreme Risk 16	Twice monthly meetings are in place with the provider to monitor the progress in respect of the management of the waiting lists. Monthly CMB meetings to review the contract reviews. As a result patients are experiencing increased waiting times and a lack of appropriate clinical expertise leading to harm. Action plan submitted from NRS detailing the action to manage the waiting lists. Monthly meetings to review complaints and the outputs from these.	To provide regular updates via the governance structures to Quality and Performance. Regular internal meetings to review patient experience information received into the CCG.	Quarterly reports sent as part of the data reporting submissions to NHS England highlighting the 18-week breaches.	Adequate controls in place.	Adequate assurances in place.	09/03/22 - This is a new risk and will be updated at regular intervals or when there is a significant change. The risk remains the same as the action plan requires to be embedded to begin to demonstrate the effectiveness.	31/05/2022	Low, 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:

Consequences/Severity

Likelihood of occurrence	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