## PCCC Risk Report February 2022 (extracted 14.02.22)

Strategic Objective	ID	Risk Description	Current risk rating	Previous risk rating	Initial risk rating	Key controls	Internal assurances	External assurances	Details of gaps in controls	Details of gaps in assurances	Progress	Review date	Risk Owner	CCG Committee
6 - Development of an agreed out of hospital strategy for Hull supporting strategy for Hull supporting strategy for Hull supporting strategy for Hull supporting strategy for the strategy for th	903	CCG practices unable to maintain a resilient primary care work force resulting in reduced access to being services, and pass further searchasted 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.	Extreme Risk 16	Extreme Risk 16	Extreme Risk 16	Development and implementation of CCG primary care workforce strategy and associated instatives eg, international Gr associated instatives eg, international Gr Nesociates, PCM Ready, Physician Nesociates, PCM Ready, PCM Ready to end to the CCM Ready for Primary Care Neworks to be supported to develop new roles as outlined in NRS Long Term Plan and for which reimbursement available through Network DS. Development of NCM yr Immary 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 John Commissioning Committee. 3 The Strategie Partnership Board to owner out of hospital care workstream.	External support for practice groupings to cover support for addressing workforce challenges	Need for NHS Pensions issue to be addressed at a national level to address make the control of t	Adequate assurances in place	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 doctored areas in HCV including Hull. The VCDD 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 - 18kx traing increased from High to Externe Risk to reflect current workforce challenge and in particular in recognition of challenge regarding Admin & Clerical / Reception workforce including supporting primary care with recruitment. The Vicantion 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 - 13/10/11 - 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 recourses available. Work or conjeng to develop potential hub and spoke mode to increase of training opportunities in practices. PRI Davis - 13/10/12 - PCR plans for Palary 22 to 2012/12 - 2013/12 by end Octuber. PCR of training opportunities in practices. PRI Davis - 13/20/12 - Polita signed in 2012/12 - 2013/12 by end Octuber. PCR working with PCRs regarding accessing resources for initiatives to support recruitment of primary care workforce. Hub and spoke OF Training model being resources for initiatives to support recruitment of primary care workforce. Hub and spoke OF Training model being resources for initiatives to support recruitment of primary care workforce. Hub and spoke OF Training model being resources for initiatives to support recruitment of primary care workforce. Hub and spoke OF Training model being resources for initiatives to support recruitment of primary care workforce. Hub and spoke OF Training model being resources for in	11/04/2022	Davis, Phil	Primary Care Commissioning Committee
6-Development of an agreed out of hospital strategy for hill 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		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	High Risk 12	Development of a Communications and Engagement plan with patients and the public for the CCG Primary Care Blueprint.	Reports to the Communications and Engagement sub-group and the Primary Care Commissioning Committee.	Regular reports and consultation with the Hull City Council Health and Wellbeing Overview and Scrutiny Commission.			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 opential service changes.  Phil Davis - 07/12/021 - Engagement pilot continuing. CGG offering support to practices where required regarding patient engagement. Pol Vinter Access Tund plans include public facing communications regarding primary care. LNC also running a public campaign regarding primary care.  Phil Davis - 12/07/021 - 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 aimsed at reception and telephony staff.  Phil Davis - 12/06/2021 - Hull CGG selected as pilot CGG 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 noine consultation (OF requests by patients; improved patient saffstaction with practice communications and improved satisfaction of practice staff with partner engagement as a result of the pilot.  PCCC.  PCCC.  PURI Davis - 15/02/12021 - HCV engagement vork in Hull understaen - preliminary findings to be presented to June 2014 CCC.  PURI Davis - 15/02/12021 - HCV engagement trove in Hull understaen - preliminary findings to be presented to June 2014 CCC.  PURI Davis - 15/02/12021 - HCV engagement vork in Hull understaen - preliminary findings to be presented to June 2014 CCC.  PURI Davis - 15/02/12021 - HCV engagement vork in Hull understaen - preliminary findings to be presented to June 20	11/04/2022	Davis, Phil	Primary Care Commissioning Committee
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 dirical leadership model which increases the emphasis of primary care at all	942	Lack of capacity/capability within Primary Care Newton's and the CCG to support Primary Care Networks to deliver the Long Term Plan.	High Risk S	High Risk S	High Risk 12	Core Primary Care Team in place within CG Strategic Lead, Head of Commissioning Integrated Delivery, Commissioning Manager, Commissioning Lead - Quality Lead and NHS E/I Assistant Contracts Manager. Some proved in Hull with Clinical Directors appointed. Support roles approved by CCG for each PCP - Lead Nurse, Clinical Pharmacist and Bit role. Wider support for PCNs from CCG teams - e.g. BL, Comms & Regalement. PCN self-completion of Maturity Matrix and DO Plans. Resource available through HCV STP for PCN and Clinical Director development. Humberside LMCS Clinical Director development offer.	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 F1 to support development of PCNs.	Adequate controls in place	Adequate assurances in place	14/07/27022 - 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 PCDs role within them. 13/10/2021 - RIC ICS and Place plans, alongide Humber Primary Care Collaborative development incorporating support required for PCNs. 13/08/2021 - RIC ICS and Place plans, alongide Humber Primary Care Collaborative development incorporating support required for PCNs. 12/08/2021 - CIG continues to work with Humber CCGs and NNS E colleagues to support PCNs. PCNs developing plans for utilisation of 2021/222 PCNs Ob monies. Model of support for PCNs being developed as part of transition to ICS. 25/08/21 - Plil Dusis - Closer working developing across 4 Humber CCGs and with NNS E colleagues in relation to primary care and delivery of 2021/22 plans. Risk however remains during period of transition. 12/08/21 Plil Dusis - Risk rating increased due to a number of CCG staff levving roles and reduced capacity in CCC in short- term. Plans in development to cover gaps and reviews taff working across Ivial B NL CCGs. 15/02/21 Plil Dusis - Meetings between CCG PC Team and PCN Clinical Directors continuing. Additional support for Clinical Directors and CCG Primary Care Team and PCN Link Managers. Options for further CCG support for PCN managers being explored. Collaborative Hull and East Riding work continues.	11/04/2022	Davis, Phil	Primary Care Commissioning Committee
Nativation support for the effective local planning and response to the Coronalvirus Pandemic, ensuring that positive innovations are retailed, improved and generalised.	957	Bask assessment of staff within general practice, in line with the NNS England and NNS Improvement "Bisk assessments for arisk staff groups' letter of 25th June 2020, and the necessary militaging actions may result in some practices having reduced capacity to deliver some services or being unable to deliver some services or being unable to deliver some services (e.g. face-face consultations).	High Risk 8	High Risk B	High Risk 12	Risk assessment took and guidance available from NHS England and NHS Improvement	Shaution reports provided by practices which include outcomes of staff risk assessments	Strep returns to Net's 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 pairs for support and mutual ad when required.  Phil Davis: -13/0/2021. Cock receiving sittings from particles by suspetion. Planning to extend use of the local system April Davis: -13/0/2021. Cock receiving sittings with practices by suspetion. Planning to extend use of the local system April Davis: -13/0/2021. A settle and sender Paracles SDP withdrawn in July. COS continues to receive streep information from practices through PCNs: -levels of CVUID related absences remain low.  PSI Davis: -13/0/2021. New National SDP received May 2021. Neekly sitted process remains with practices / PCNs reporting by exception. All full practices reporting Green for a number of months: -risk rating reduces of PCNs reporting by exception. All full practices reporting divides reporting green for a number of months: -risk rating greater of possible staff, and sctling out principles for the support of staff.  PSI Davis: -13/0/2012 Practices confirmed advice requiring employees to refresh risk assessments of clinically extended vulnerable staff, and setting out principles for the support of staff.  PSI Davis: -13/0/2012 Practices continue to deliver services in line with national general practice SOP. CCG supporting practices with accommodation to support social distancing where necessary. Offer of Covid-19 vaccination to primary care staff in line with JCVI priority groups undertaken.	11/04/2022	Davis, Phil	Primary Care Commissioning 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	Minor	Moderate	Major	Extreme			
	-1	-2	-3	-4	-5			

Rare	1	2	3	4	5
-1					
Unlikely					10
-2	-	*	0	•	10
Possible	2	6		12	15
-3	•	8	,	12	13
Likely	4	9	12	16	20
-4	7	•		10	~~
Almost Certain		10	15	20	25
.5	3	10		20	