

Risk mitigations &

Ref#:	PC1
Date Added:	1/6/2020
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	Siobhan Harper

Description	Inherent Risk Score Impact
Vulnerable patients, including those with a long term condition/learning disability, struggle to access care due to changes to local services.	5

Risk Tolerance <i>(the ICB's appetite in relation to this risk)</i>		
	Target Score	Detail
Impact	3	The impact of the risk
Likelihood	3	This could occur

Mitigations <i>(what are you doing to address this risk?)</i>	
Proposed Mitigation(s)	Assurances & Evidence
Support Community Services and GP Practices to engage patients through f2f and virtual activity	Service activity
Support practices to run searches and invite patients in for health checks, LTC monitoring and other care	Development of
Launch of enhanced patient transport and domiciliary service- providing LTC check and phlebotomy	Confirmation of

Action(s) <i>(how are you planning on achieving the proposed mitigations?)</i>
Detail
Launch of Patient Transport Service
Review of Community and Primary Care Service Activity at Planned Care SMG
Agree plans with Domiciliary Service for LTC Checks and Phlebotomy

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*

Access to services has improved since the height of the pandemic. CEG data suggests GP consultations are at pre-COVID level. Community Services are opening up routine f2f services with necessary infection control measures. A service pilot for phlebotomy and LTC checks for vulnerable patients. The CCG will also be launching a service for vulnerable patients without using public transport.

Planned Care ran an inequalities session to identify vulnerable groups and discuss what changes are needed to improve access. This will be discussed with partners at Core Leadership Group and an action plan developed. Searches to identify vulnerable patients for proactive care.

Ref#:	PC2
Date Added:	1/6/2020
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	Cindy Fischer

Description	Inherent Risk Score Impact
High number of outstanding CHC assessments as a result of the pause due to Covid-19.	5

Risk Tolerance <i>(the ICB's appetite in relation to this risk)</i>		
	Target Score	Detail
Impact	3	The impact of the risk
Likelihood	3	This could occur

Mitigations <i>(what are you doing to address this risk?)</i>	
Proposed Mitigation(s)	Assurances & Evidence
Develop plan for resuming CHC assessments	Plan, CHC assessments

Action(s) <i>(how are you planning on achieving the proposed mitigations?)</i>
Detail
Meeting with key stakeholders to discuss plan to resume f2f assessments
Resume CHC Assessments
Review Progress with CHC Assessments

Monthly progress update <i>(agreed by Senior Management Owner & Senior Responsible Owner)</i>
There are 50 outstanding CHC assessments. All patients have had a care plan developed by the NHS to resume assessments from 1st September 2020. Meeting to be held week commencing 1st September to discuss the resumption of CHC assessments.

Ref#:	PC3
Date Added:	1/6/2020
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	River Calvey

Description	Inherent Risk Score Impact
Patients do not access elective acute services- due to services being moved out of area with hot/cold site changes	5

Risk Tolerance <i>(the ICB's appetite in relation to this risk)</i>		
	Target Score	Detail
Impact	3	The impact of the risk
Likelihood	3	This could occur

Mitigations <i>(what are you doing to address this risk?)</i>	
Proposed Mitigation(s)	Assurances & Evidence
Patient communications and engagement	Plan, activity of

Action(s) <i>(how are you planning on achieving the proposed mitigations?)</i>
Detail
Weekly independent sector calls
Provider patient communications

Monthly progress update <i>(agreed by Senior Management Owner & Senior Responsible Owner)</i>
Weekly calls are in place to discuss utilisation of independent sector capacity. Looking at opt part of the Outpatient and Elective Recovery Dashboard. This will enable effective reporting and engagement to promote access; and so will C&H will feed into this process.

Ref#:	PC4
Date Added:	1/6/2020
Date Updated:	1/8/2020

Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	River Calveley

Description	Inherent Risk Score Impact
Limited acute provider elective/diagnostic capacity and routine service closure during COVID-19 results in longer waiting times for patients	5

Risk Tolerance <i>(the ICB's appetite in relation to this risk)</i>		
	Target Score	Detail
Impact	3	The impact of the
Likelihood	3	This could occur

Mitigations <i>(what are you doing to address this risk?)</i>	
Proposed Mitigation(s)	Assurances & Evidence
Homerton and other providers adjust services and are able to meet local need	Service activity, need

Action(s) <i>(how are you planning on achieving the proposed mitigations?)</i>
Detail
Develop Outpatient and Elective Recovery Dashboard
Weekly Recovery meetings with the Homerton to track progress- HUH to share updates on recovery for access
Engage NEL on STP and London-wide progress
Weekly Independent Sector Capacity meetings to ensure utilisation of capacity

Monthly progress update <i>(agreed by Senior Management Owner & Senior Responsible Owner)</i>
At May 20, outpatient and diagnostics activity is at half of the level of pre-COVID. Daycase and CCG holds weekly meetings with HUH to discuss the recovery. An outpatient and elective recovery Transformation Programme has been re-gearred to deliver the recovery. NEL are working with daycase/elective. Access to independent sector capacity will be in place until the end of March

Ref#:	PC6
Date Added:	
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG

Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	Siobhan Harper

Description	Inherent Risk Score Impact
The 62 day target to begin cancer treatment is not consistently achieved	5

Risk Tolerance <i>(the ICB's appetite in relation to this risk)</i>		
	Target Score	Detail
Impact	4	Major
Likelihood	2	Not expected to

Mitigations <i>(what are you doing to address this risk?)</i>	
Proposed Mitigation(s)	Assurances & Evidence
Develop plan for Cancer Services to ensure they are resilient to covid and can meet need	Plan, delivery agreed

Action(s) <i>(how are you planning on achieving the proposed mitigations?)</i>
Detail
Cancer Collaborative Meeting

Monthly progress update <i>(agreed by Senior Management Owner & Senior Responsible Owner)</i>
C&HCCG met 6 out of 8 cancer waiting targets in May 2020. This is broadly in line with cancer referral has worsened since April, but numbers are relatively low with only an activity of 3 in
The phase 3 letter has requested that local Cancer Collaboratives develop a local plan to ensure meeting on Monday 10th August where the development of the plan will be discussed. The le

Ref#:	PC7
Date Added:	
Date Updated:	1/8/2020
Review Committee:	Planned Care Core Leadership Group
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	Rozalia Enti

Description	Inherent Risk Score Impact
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B/ground to NCSO: During 2017/18, limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&H CCG with an additional cost pressure.	5
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Risk Tolerance (the ICB's appetite in relation to this risk)		
	Target Score	Detail
Impact	2	Minor
Likelihood	2	Unlikely

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence
Work with providers to manage medication costs within the budget to mitigate any impact	Performance against budget

Action(s) (how are you planning on achieving the proposed mitigations?)	
Detail	
Track performance against the budget	
Engage practices and other providers on prescribing improving quality where possible	

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
For 2019/20 year end, the annual cost pressure from NCSO was £348,516 in addition to a cost pressure from increased costs of category M products as a consequence of these drugs. The cost impact for C&H CCG for Aug2019-Mar2020 was £380,568.
The C&H primary care prescribing costs for year end for 2019/20 showed break even position
For 2020/21, as of August 2020 prescribing data is only available for April & May 2020. Based on £943,878 in addition to a cost pressure of £86,070 for the associated cost pressure of increased costs of category M products as a consequence of DH announcement to claw back cost impact for C&H CCG for June2020-Mar2021 is estimated at £480,618.
During 2017-18 the total year end impact for C&H was £1.3M NCSO - however the wider QIP showed a similar picture in 2018-19 & then for 2019-20 in that savings on the prescribing budget outweighed the impact. In light of this, this risk was rescored to reduce the potential impact.

Ref#:	PC8
Date Added:	
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	Penny Heron/Charlotte Painter

Description	Inherent Risk Score Impact
There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	5

Risk Tolerance <i>(the ICB's appetite in relation to this risk)</i>		
	Target Score	Detail
Impact	3	The impact of the
Likelihood	3	This could occur

Mitigations <i>(what are you doing to address this risk?)</i>	
Proposed Mitigation(s)	Assurances & Evidence
Sign Off LD Strategy and costings at ICB	
Agree Joint Funding Arrangements	

Action(s) <i>(how are you planning on achieving the proposed mitigations?)</i>
Detail
Arrange Multiagency workshop to ratify tool and processes
LD S75 quarterly meetings
Undertake work to improve needs data reporting

Monthly progress update <i>(agreed by Senior Management Owner & Senior Responsible Owner)</i>
Joint funding work is still under completion and due to be complete by autumn 2020. A further review will be conducted to ensure the funding is used as intended. Once the funding is established, this will then establish joint funding as business as usual.
A new transition governance structure is in place but work is still being undertaken to ensure the transition is planned way as per Education Health and Care Plans and through use of the dashboard.
Sign off of the final version of the LD Strategy has been delayed due to the COVID-19 response.

Ref#:	PC12
Date Added:	
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter

Senior Management Owner:	River Calveley
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Description	Inherent Risk Score Impact
Failure to commission an Adult complex obesity Service	5

Risk Tolerance <i>(the ICB's appetite in relation to this risk)</i>		
	Target Score	Detail
Impact	2	Impact would be
Likelihood	3	This could occur

Mitigations <i>(what are you doing to address this risk?)</i>	
Proposed Mitigation(s)	Assurances & Evidence
Negotiate funding for service	Outcome of negotiations

Action(s) <i>(how are you planning on achieving the proposed mitigations?)</i>
Detail
Explore flexibilities in HUH position and financial arrangements within HUH bloc
Arrange meeting with HUH to discuss further

Monthly progress update <i>(agreed by Senior Management Owner & Senior Responsible Owner)</i>
Delay in commissioning adult complex obesity service due to COVID. Business case has been submitted and funding is being secured. The service will be commissioned in the next financial year. The service will be commissioned in the next financial year.

Ref#:	PC13
Date Added:	1/6/2020
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	Siobhan Harper

Description	Inherent Risk Score Impact
No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot	5

Risk Tolerance <i>(the ICB's appetite in relation to this risk)</i>		
	Target Score	Detail
Impact	5	The impact of the

Likelihood	1	This is unlikely to
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Mitigations (what are you doing to address this risk?)		
Proposed Mitigation(s)		Assurances & Evidence
Continue to lobby central government and explore local funding options		Clear options, funding

Action(s) (how are you planning on achieving the proposed mitigations?)		
Detail		
Health and Rough Sleepers meeting scheduled for 10th August 2020		

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)		
<p>As part of the COVID-19 response, both LBH and CoL provided housing for all rough sleepers, until the end of March 2021 and have procured two hotels near Finsbury Park to provide accommodation. The GLA are working with local authorities to decant the rough sleepers housed in this transition is smooth. Health and Public Health are looking at how to coordinate wrap around support.</p> <p>This level of housing is in line with the principles of Housing First. Housing First had secured funding from the Government made funding available for scaled up provision in the immediate response to COVID-19 in the long term.</p>		

further detail

Objective	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	/
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	/
	Ensure we maintain financial balance as a system and achieve our financial plans	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	/

Score (pre-mitigations)		Residual Risk Score (post-mitigations)		
Likelihood	Total	Impact	Likelihood	Total
4	20	5	3	15

	Total
This risk would be moderate	9
or at some point	

Evidence (how will you know that your mitigations are working?)	
and feedback	
f CEG searches, feedback from practices, CEG consultation data	
launch, service activity	

	Last updated	Delivery Date	Action Owner
	Aug-20	Aug-20	River Calveley
	Aug-20	Aug-20	James Courtney
	Aug-20	Aug-20	River Calveley

ner)

sultations are close to pre-COVID levels and phlebotomy activity is over 80% of
 ction control safeguards. Planned Care are working to launch a domiciliary
 nching a transport service to enable vulnerable patients to attend their practice

ges services could make to ensure vulnerable groups continue to have good
 eloped to ensure vulnerable groups have access. Primary Care also have CEG

Objective	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	
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	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	

Score (pre-mitigations)		Residual Risk Score (post-mitigations)		
Likelihood	Total	Impact	Likelihood	Total
3	15	5	2	10

	Total
this risk would be moderate	9
r at some point	

vidence (how will you know that your mitigations are working?)
sment numbers

	Last updated	Delivery Date	Action Owner
	Aug-20	Aug-20	Cindy Fischer
	Sep-20	Sep-20	Cindy Fischer
	Sep-20	Sep-20	Cindy Fischer

ner)
relevant providers and a package of care is in place. The phase 3 letter instructs ncing 10th August to discuss the instructions in the letter and plan for the

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	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	/

Score (pre-mitigations)		Residual Risk Score (post-mitigations)		
Likelihood	Total	Impact	Likelihood	Total
3	15	5	2	10

	Total
This risk would be moderate	9
or at some point	

Evidence (how will you know that your mitigations are working?)
patient cancelled appointments, DNAs

	Last updated	Delivery Date	Action Owner
	Aug-20	Aug-20	River Calveley
	Aug-20	Aug-20	River Calveley

Owner)
ions for tracking the number of patient initiated cancelled appointments as and tracking to understand the impact. NEL are responsible for communication

Objective	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	/
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	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	

Score (pre-mitigations)		Residual Risk Score (post-mitigations)		
Likelihood	Total	Impact	Likelihood	Total
4	20	5	3	15

	Total
This risk would be moderate	9
or at some point	

Evidence (how will you know that your mitigations are working?)	
referral numbers	

	Last updated	Delivery Date	Action Owner
	Aug-20	Aug-20	River Calveley
Opening of services and plans	Aug-20	Aug-20	River Calveley
	Aug-20	Aug-20	River Calveley
	Aug-20	Aug-20	River Calveley

Owner)
and Elective is at 20% of pre-COVID activity.
every dashboard has been developed to track progress and the Outpatient in the systems to lead on the recovery- it is particularly focusing on March 2021.

Objective	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	/
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	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	

	Empower patients and residents	
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Score (pre-mitigations)		Residual Risk Score (post-mitigations)		
Likelihood	Total	Impact	Likelihood	Total
3	15	5	2	10

	Total
	8
to occur	

Evidence (how will you know that your mitigations are working?)
against waiting times

	Last updated	Delivery Date	Action Owner
	Aug-20	Aug-20	Siobhan Harper

ner)
r waiting performance pre-COVID. Performance for 62 day wait for screening May.
are cancer waiting time targets are met. There is a Cancer Collaborative letter requests that collaboratives submit their plans in early September.

Objective	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	/
	Ensure we maintain financial balance as a system and achieve our financial plans	/
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	

Score (pre-mitigations)		Residual Risk Score (post-mitigations)		
Likelihood	Total	Impact	Likelihood	Total

4	20	2	2	4
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			Total
			4

vidence (how will you know that your mitigations are working?)			
gainst relevant budgets			

	Last updated	Delivery Date	Action Owner
	Aug-20	Aug-20	Rozalia Enti
	Aug-20	Aug-20	Rozalia Enti

ner)			
<p>st pressure of £653,903 for increased drug tariff pricing for drugs prescribed. of DH announcement to claw back £15M from CCGs by increasing the cost of</p> <p>despite these cost pressures.</p> <p>on the 2 months data, the estimated annual cost pressure for NCSO is ed Drug Tariff pricing for drugs prescribed. An additional cost pressure from £15M from CCGs by increasing the cost of these drugs from June 2020. The</p> <p>PP work delivered savings higher than the £1.3M cost pressure. This was a ighed the NCSO cost pressure and the overall prescribing budget was</p>			

Objective	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	/
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	/
	Ensure we maintain financial balance as a system and achieve our financial plans	/
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	/

Score (pre-mitigations)		Residual Risk Score (post-mitigations)		
Likelihood	Total	Impact	Likelihood	Total
4	20	5	3	15

	Total
This risk would be moderate	9
or at some point	

Evidence (how will you know that your mitigations are working?)				

	Last updated	Delivery Date	Action Owner
	Aug-20	Aug-20	Penny Heron/Charlotte Painter
	Aug-20	Aug-20	Penny Heron/Charlotte Painter
	Aug-20	Aug-20	Penny Heron/Charlotte Painter

Owner)
<p>er multiagency workshop needs to take place to ratify the tool and processes</p> <p>accurate data captured around needs and so transition can happen in a</p> <p>ie. Looking to be presented at the ICB in the near future.</p>

Objective	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	
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	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	
	Empower patients and residents	/

		/
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Score (pre-mitigations)		Residual Risk Score (post-mitigations)		
Likelihood	Total	Impact	Likelihood	Total
3	15	5	2	10

	Total
e minor	6
r at some point	

Evidence (how will you know that your mitigations are working?)	
negotiation	

	Last updated	Delivery Date	Action Owner
	Aug-20	Aug-20	River Calveley
	Aug-20	Aug-20	River Calveley

ner)
approved and specification developed, but there are challenges with regards to the CCG's current financial position.

Objective	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	/
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	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	/

Score (pre-mitigations)		Residual Risk Score (post-mitigations)		
Likelihood	Total	Impact	Likelihood	Total
5	25	5	4	20

				Total
his risk would be major				5

to occur

vidence (how will you know that your mitigations are working?)

unding in place

	Last updated	Delivery Date	Action Owner
	Aug-20	Aug-20	James Courtney

ner)

including those with NRPF. LBH have committed to continuing this provision
ommodation. CoL have also indicated they will carry on with the scaled up
their accommodation. The GLA are working with local authorities to ensure
und care to ensure residents are well supported.

unding for the first year, but the outlook beyond this was less clear. Central
VID, but it's unclear whether funding will be made available in the medium-