

Risk mitigations & further detail

Ref#:	1		Objective	Deliver a shift in resource and focus to prevention	
Date Added:	31/05/2019			Deliver proactive community based care closer to	
Date Updated:	20/02/2020			Ensure we maintain financial balance as a system and achieve our financial plans	✓
Senior Responsible Owner:	Tracey Fletcher			Empower patients and residents	
Senior Management Owner:	Nina Griffith				

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Failure to deliver the workstream financial objectives for 2020/21	4	4	16	3	4	12

Risk Tolerance (<i>the ICB's appetite in relation to this risk</i>)						
	Target Score	Detail				Total
Impact	4					6
Likelihood	2					

Mitigations (<i>what are you doing to address this risk?</i>)		Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)	
Proposed Mitigation(s)	Good activity & finance forecast in place	Monthly Finance report in place	
	Processes in place to monitor performance against plan		

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Work underway through UEC group to reduce hospital conveyances from 111 and 999	27/07/2020	01/12/2022	
Work underway through discharge group to reduce long length of stay	27/07/2020	31/10/2022	
Work undertaken with CCG QIPP lead and Informatics on measuring performance monthly.			

Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)	
PID in place for each QIPP scheme for 2019/20.	
Attendance at monthly CCG QIPP meetings.	
Work undertaken with CCG QIPP lead and Informatics on measuring performance monthly.	
Negotiations continue with Barts to implement service change to try and avoid admissions	
Monthly Finance and QIPP monitoring report in place	

Ref#:	3
Date Added:	
Date Updated:	28/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

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	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	4	5	20	3	4	12

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3	Moderate impact on A&E volumes	6
Likelihood	2	Not expected to occur but there is a slight possibility it could at some point.	

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Develop and implement the Neighbourhood model	Progress against programme deliverables
Support Primary Care to proactively and reactively manage patients to avoid A&E attendances and admissions	Data evaluation of A&E attendances for residents within primary care services. Contracts in place to support proactive care management
Review and ensure wider admission avoidance services are communicated and utilised by system partners	Range of admission avoidance services in place and being used by 111 and 999. Review of DoS profiles to take place by end September 2020
Implementation of the Enhanced Health in Care Homes Framework	Care homes residents have good access to proactive primary care services and care home staff are supported by wider health care services
New direct access pathways in development for 111 to bypass patients from ED in development as per NEL UEC Help Us Help You programme	Pilots complete with evaluation and agreed programme for roll out
NEL system objective of direct booking into ACP's in development	Direct booking in place

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
A&E attendance action plan has been developed and will be monitored by the board		end March 2020	Leah Herridge
Continue Working with NEL UEC to develop Help Us Help You Model		Ongoing	Clara Rutter
Work with LAS to improve update of ACPs		Ongoing	Leah Herridge / Clara Rutter
Implementation of the Enhanced Health in Care Homes Framework through the GP DES Contract and the standard NHS contract for community providers.		Oct-20	Cindy Fischer

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
Work underway with NEL UEC group to develop Help Us Help You
Evaluation of proactive Care Home Visiting service in August 2018 - the Board endorsed a proposal to continue investment of PMS money into the proactive care practice-based service for 2019/20, for recommendation to the Primary Care Quality Board and the CCG Contracts Committee. The service is being evaluated.

Review ACP on DoS, develop monthly ACP newsletter

Ref#:	4
Date Added:	
Date Updated:	28/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	✓

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused, and are thus limited in reach and scope	4	4	16	4	3	12

Risk Tolerance (<i>the ICB's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact	3		6
Likelihood	2		

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
Ensure the Unplanned Care Board is plugged into Integrated Commissioning related PPI/co-production activities, and utilises IC co-production charter	Report on workstream co-production and principles to be discussed and endorsed by UCB
Ensure the Board works with IC PPI staff, including the Engagement Manager, Healthwatch and CCG PPI lead	Quarterly co-production paper coming to the Board
Ensure UCB has a patient or healthwatch representative at every meeting	Meeting attendance
UCB to map existing patient and public engagement mechanisms and successful PPI initiatives across the portfolio, develop a PPI and co-production strategy based on this information	
Ensure PPI and co-production is a standing item on board agendas	Meeting agendas
Review PPI activities quarterly at UCB	
Healthwatch Hackney is funded as part of the Neighbourhoods Programme to establish a model for meaningful resident engagement across Neighbourhoods. A full time Neighbourhoods Development Manager has been recruited to develop this model.	Session on resident engagement on Neighbourhoods Delivery Group Forward Plan.
A Neighbourhood Resident Involvement Group has been established which aims to ensure resident involvement is embedded across the Neighbourhoods programme.	There is representation from NRIG on the Neighbourhoods Delivery Group.

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Healthwatch Hackney is planning to complete a Discharge Review to look at patients experiences of discharge to assess between January and June 2020.	30/07/2020	Oct-20	Kanariya Yuseinova

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

A range of engagement has taken place in relation to the Unplanned Care Workstream since the agreement of Co-Production principles in May 2019. These include:

- Urgent Care Event held at Ridley Road market in July 2019
- Commencement of Discharge Workstream Co-production Task & Finish Group
- LAS 111 IUC PPG established and operational since July 2019.
- A wide range of engagement has taken place around the Falls programme; both one-off engagement events and a co-production group, working with Healthwatch.

Ref#:	5
Date Added:	
Date Updated:	28/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Dylan Jones

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Risk that Homerton A&E will not maintain delivery against four hour standard for 2020/21	4	3	12	4	2	8

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	4		8
Likelihood	2		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Continued work across all system partners to navigate people away from the ED into community services where clinically appropriate	A&E attendance activity numbers
Divert ambulance activity - maintain ParaDoc model and further integrate, diverting activity from LAS	Ambulance conveyance number, Paradoc activity, LAS uptake of ACPs
Duty Doctor aim to improve patient access to primary care and manage demand on A&E	
HUH maintain strong operational grip through senior management focus on ED and hospital flow	Weekly COO-led review of ED performance / capacity management model in place

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Recent reduction in DTOCs should support flow		TBC	Simon Galczynski
Work to produce a PC admission avoidance DoS (via MiDos) underway – part of Case Notes Review action plan			
Continued work with LAS to improve uptake of ACPs		Ongoing	Clara Rutter

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
NEL UEC Help Us Help You programme in development

Ref#:	7
Date Added:	10/07/2019
Date Updated:	28/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Urgent Care Reference Group

Objective	Deliver a shift in resource and focus to prevention	✓
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
<p>The new Integrated Urgent Care (111) service might have a negative impact on quality of urgent care for City & Hackney patients, and on downstream services:</p> <p>Quality of Care:</p> <ul style="list-style-type: none"> - Possible issues with quality of clinical assessment and increased waiting times (call-back time from clinicians); - Recruitment of senior clinicians in CAS <p>Downstream service impact:</p> <ul style="list-style-type: none"> - General increase in demand due to availability of free-to-call number, quick answer times - Increased demand on acute (A&E/999) due to risk-averse nature of 'pathways' assessment, - issues with direct booking into urgent Primary Care, and - possible issues with quality of clinical assessment. 	4	4	16	3	3	9

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	2		4
Likelihood	2		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Review effectiveness of CAS and Pathways to ensure delivery of service specification as a minimum, and identify potential for further improvement	LAS complete review and present findings to 111 CAS UEC sub group
Monitor and investigate why there is low update/usage of directly booked appointments via gp connect into primary care	Review Complete
Ensure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR]	

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Ensure review and actions identified by LAS are reported against	28/07/2020	TBC	Clara Rutter
Identify who is completing review of GP Connect uptake	28/07/2020		Clara Rutter
Review of duty doctor to determine how we should promote primary urgent care services to residents in and out of hours	10/07/2019	TBC	Leah Herridge

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
Set up of CAS transformation group complete, with senior clinical and operational representation and agreed terms of reference. Agreed service specification for data flow into CSU.
There has been a 2nd draft of NELIUC Performance report produced - no significant change from previous position.
A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service.

Ref#:	9
Date Added:	
Date Updated:	29/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Discharge Steering Group

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Discharge and Hospital Flow processes are not effective, resulting in increased DToCs and failure to meet Length of Stay Targets	4	5	20	3	4	12

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3	Increased length of stay by 4-14 days.	6
Likelihood	2	Not expected to occur but there is a slight possibility it could at some point. Frequency of less than once a quarter.	

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Discharge working group established to continue to identify areas for improvement	Minutes from meetings and robust action plans to ensure work is carried out.
Implementation of High Impact Change Model	Monthly High Impact Change Model (HICM) task and finish group that reviews discharge action plans and agrees actions
LBH and Homerton have established a regular DTOC group that is focused on ensuring effective joint arrangements around discharge	Minutes from meeting and action plans
Daily Discharge Calls and Weekly management oversight meetings	Weekly dashboard produced to aid teleconference
Delivery of 30/60/90 Day Improvement Challenge	Regular reporting to the Unplanned Care Board within the monthly Discharge report

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Implement actions from core DTOC Action Plan	30/07/2020	ongoing	Cindy Fischer
Discharge SPA created in March to enable same day discharges during Covid-19	30/07/2020	ongoing	Mervyn Freeze
Redesign of the discharge pathway, including continued development of D2A model.	30/07/2020	Oct-20	Cindy Fischer
Homeless Discharge Pathway Task and Finish group established to develop a business case to create a Homeless Hospital Discharge Pathway Team. Phase two will be to Commission an accommodation-based Step-up/Step-down facility. Both actions are recommendations of the Pathway audit concluded in March 2020.	30/07/2020	31/03/2021	Beverley Gauchette

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
Weekly teleconference continues although DTOC targets have not been met in this fiscal year. A 30, 60, 90 day challenge has been set to urgently progress actions to reduce delays. Recommendations from the evaluation of the D2A pilot are being implemented. This includes development of a Single Point of Access between Integrated Independence Team and Integrated Discharge Service. LBH is currently recruiting three permanent senior social workers, which will add stability and facilitate improved discharge processes.

Ref#:	12
Date Added:	
Date Updated:	27/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Neighbourhoods Delivery Group

Objective	Deliver a shift in resource and focus to prevention	
	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	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Current IT infrastructure limits delivery of integrated working	3	4	12	3	4	12

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	2		4
Likelihood	2		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Link with Integrated Commissioning IT Enabler Group and IT Enabler Board	Attendance at IT Enabler Board
Neighbourhoods Team are working closely with the IT enabler on the technology to support integrated working. Practical work being progressed on accessible Neighbourhood team platform, population health and system interoperability.	IT enabler representation on Neighbourhood Delivery Group. Meeting with workstream Directors and IT enabler to re-evaluate the programme of work.

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Re-prioritisation activity underway across the IT enabler which Neighbourhoods is involved in. Fed into work on requirements.	27.07.2020	30.08.2020	NC / MG

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
Significant work has been undertaken on this area during COVID. As part of the rollout of Neighbourhood Teams and Neighbourhood MDTs we have worked closely on the use of MSTeams as the platform for MDTs. This has enabled virtual MDTs to take place.
Work is progressing with the IT enabler on maximising the use of the East London Patient Record for MDT working. Work is planned with Cerner to test development of new functionality for shared MDT working.
Initial work is underway in relation to population health and using the CCG tool Co-Plug but this is at early stages and is not yet a sustainable solution in the long-term (funding from Innovate UK has only been for one year and therefore needs wider NEL engagement).

Ref#:	13
Date Added:	
Date Updated:	27/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Neighbourhoods Delivery Group

Objective	Deliver a shift in resource and focus to prevention	
	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	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Risk that we cannot get sufficient engagement from front line staff across all of our partner organisations in order to deliver the scale and pace of change required.	4	3	12	4	3	12

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3		3
Likelihood	1		

Mitigations (what are you doing to address this risk?)		Assurances & Evidence (how will you know that your mitigations are working?)	
Proposed Mitigation(s)	Engagement and leadership of system partners through System Operational Command Group	SOC minutes	
	Work with comms and engagement enabler to develop comms for staff which clearly describes the purpose of Neighbourhoods.	Session at Neighbourhoods Delivery Group on communications which includes with frontline staff. This is planned for initial discussion in July 2020.	
	Provider Alliance OD plan outlines specific proposals on how to take forward work with staff on Neighbourhood changes. This will form part of the Transformation funding request	Provider Alliance OD plan and implementation proposals	
	Providers have a clinical lead and/or senior lead in place for Neighbourhoods which is used to champion the model and work with frontline staff to deliver change.	Provider update reports	

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Detailed above	01/02/2020		

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
Presentations to SOC on Neighbourhoods Programme priorities and work plan.

Work is underway to establish the Neighbourhoods Delivery Group and potentially Engagement Forum involving key partners from across the system and ensuring that the Neighbourhoods work is co-produced.

Neighbourhood teams have been established and MDT meetings have commenced across eight Neighbourhoods. This has involved directly identifying link people from the different services but has also engaged relevant frontline professionals. It has also involved working closely with the PCN Clinical Directors to develop the approach.

Ref#:	15
Date Added:	
Date Updated:	10/01/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to	
	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	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUCC and Primary Care puts pressure on the whole C&H health system - risk that patients are thus seen in acute settings such as A&E, with impact on HUH 4 hour target and cost	4	4	16	3	3	9

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3		6
Likelihood	2		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
GP OOH contract budget has been modelled to accommodate increased hourly rates required for interim, face to face, OOH GPs	Contract in place
Explore ways to address challenges recruiting GPs through CEPN	
Look at the skill-mix model in place in Waltham Forest and consider whether something could be commissioned across NEL	New model agreed with partners
TF to consider setting up a City & Hackney Workforce summit, following the publication of the National Workforce Strategy	Summit
Develop PID for a cross-INEL review of out of hours services and get agreement for work from INEL System Transformation Board	

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
 As of October 2019 the 6 month report on the GPOOH service at HUFT showed that all shifts have been filled and at no point did the service not have full GP coverage. We will continue to monitor this and to take reasonable steps to mitigate the risk.

Ref#:	17
Date Added:	17/07/2019
Date Updated:	27/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Neighbourhoods Delivery Group

Objective	Deliver a shift in resource and focus to prevention	✓
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
New ways of working in Neighbourhoods may require information to be shared across providers and this may not be covered by existing information sharing protocols. This is a particular issue for the voluntary sector who currently have very limited information sharing protocols in place.	3	3	9	3	3	9

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3		6
Likelihood	2		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Undertaking work on data sharing with GP Confederation Data Protection Officer (who is supporting work across the system) and DPOs / data sharing leads from partner organisations.	Development of DPIA, privacy notices, comms on data sharing for Neighbourhoods team
Encouraging services referring into the Neighbourhood MDTs to have person-centred discussions with individuals and ensure they are aware of and agree to discussions happening at the MDT	MDT referral form
Review model for data sharing across the voluntary sector and consider implications for future MDT working	Neighbourhoods Delivery Group

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Complete Data Privacy Impact Assessment for Neighbourhood Teams	27.07.2020	30.08.2020	MG
All providers to publish Data Privacy Notices for Neighbourhoods	27.07.2020	30.08.2020	MG
Develop Information Sharing Agreement for Neighbourhoods (for larger organisations)	27.07.2020	30.08.2020	MD / MG
Work with smaller organisations from voluntary sector to adopt approach to information sharing agreed	27.07.2020	30.09.2020	MD / MG

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
We have put in place arrangements to support data sharing between partners – developing a DPIA, drafting privacy notices for the public, preparing comms on information sharing for Neighbourhood Teams and working through storage and sending of this information between those involved in the Neighbourhood MDT.
We are bringing together the DPOs / data sharing leads or other key points of contact from organisations who have been more regularly involved in the Neighbourhood MDTs so far to share materials and to support organisations (both large and small) to discuss data sharing as part of wider Neighbourhood day-to-day working.

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Ref#:	19 / UCTBC2
Date Added:	01/06/2020
Date Updated:	
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Risk that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in covid demand.	4	5	20	4	4	16

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	4		12
Likelihood	3		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Delivery of the 'talk before you walk' agenda to reduce A&E attendances	

Strengthen community & primary care services to support people within the community (through SOC)

Action(s) (how are you planning on achieving the proposed mitigations?)

Detail	Last updated	Delivery Date	Action Owner
Need to consider admission avoidance pathways - through HAMU and ACPs	Jun-20	TBC	Nina Griffith / Clara Rutter
Need to ensure robust escalation plan in place in advance for further COVID-19 peaks	Jun-20	TBC	Nina Griffith

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

Ref#:	20 / UCTBC2
Date Added:	27/07/2020
Date Updated:	
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	
Deliver a shift in resource and focus to prevention	
Deliver proactive community based care closer to	
Ensure we maintain financial balance as a system	✓
Deliver integrated care which meets the physical,	✓
Empower patients and residents	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream.						

Risk Tolerance (the CCG's appetite in relation to this risk)

	Target Score	Detail	Total
Impact			
Likelihood			

Mitigations (what are you doing to address this risk?)

Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Further development of Neighbourhood profiles to provide data on health outcomes and (where possible) inequalities at a Neighbourhood level	
A more targeted programme of work (potentially piloted) to address specific population health priorities in Neighbourhoods	

Action(s) (how are you planning on achieving the proposed mitigations?)

Detail	Last updated	Delivery Date	Action Owner
Work with system partners through Neighbourhoods to refine Neighbourhood profiles	Jul-20	Aug-20	Mark Gollledge
Develop approach with Neighbourhood Delivery Group to help understand and address specific outcomes in local Neighbourhoods	Jul-20	Sep-20	Mark Gollledge

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

Reports from Neighbourhood conversations have been written highlighting key themes including mental health/isolation, digital divide, building connections, supporting volunteering and developing longer-term options to tackle food inequalities.