Risk Register and Issues Log

Planned Care Workstream

					Residual Risk Score							Objective				
Business as Usual or COVID	Ref	Description	Inherent Risk Score	Risk Tolerance	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus on prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
COVID	PC1	Vulnerable patients, including those with a long term condition/learning disability, struggle to access care due to changes to local services.	20	9	n/a	n/a	n/a	20		Access to services has improved since the height of the pandemic. CEG data suggests GP consultations are close to pre-COVID levels and phlebotomy activity is over 80% of pre-COVID level. Community Services are opening up routine f2f services with necessary infection control safeguards. Planned Care are working to launch a domiciliary service pilot for phlebotomy and LTC checks for vulnerable patients. The CCG will also be launching a transport service to enable vulnerable patients to attend their practice without using public transport. Planned Care ran an inequalities session to identify vulnerable groups and discuss what changes services could make to ensure vulnerable groups continue to have good access. This will be discussed with partners at Core Leadership Group and an action plan developed to ensure vulnerable groups have access. Primary Care also have CEG searches to identify vulnerable patients for proactive care.	15	√	√		√	√
COVID	PC2	High number of outstanding CHC assessments as a result of the pause due to Covid-19.	15	10	n/a	n/a	n/a	15		There are 50 outstanding CHC assessments. All patients have had a care plan developed by relevant providers and a package of care is in place. The phase 3 letter instructs the NHS to resume assessments from 1st September 2020. Meeting to be held week commencing 10th August to discuss the instructions in the letter and plan for the resumption of CHC assessments.	10		√	√	√	
COVID	PC3	Patients do not access elective acute services- due to services being moved out of area with hot/cold site changes	15	9	n/a	n/a	n/a	10		Weekly calls are in place to discuss utilisation of independent sector capacity. Looking at options for tracking the number of patient initiated cancelled appointments as part of the Outpatient and Elective Recovery Dashboard. This will enable effective reporting and tracking to understand the impact. NEL are responsible for communication and engagement to promote access; and so will C&H will feed into this process.	10	√			√	√
COVID	PC4	Limited acute provider elective/diagnostic capacity and routine service closure during COVID-19 results in longer waiting times for patients	20	9	n/a	n/a	n/a	20		At May 20, outpatient and diagnostics activity is at half of the level of pre-COVID. Daycase and Elective is at 20% of pre-COVID activity. CCG holds weekly meetings with HUH to discuss the recovery. An outpatient and elective recovery dashboard has been developed to track progress and the Outpatient Transformation Programme has been re-geared to deliver the recovery. NEL are working with the systems to lead on the recovery- it is particularly focusing on daycase/elective. Access to independent sector capacity will be in place until the end of March 2021.	15	√			√	

COVID	PC6	The 62 day target to begin cancer treatment is not consistently achieved	15	8	6	6	6	20		C&HCCG met 6 out of 8 cancer waiting targets in May 2020. This is broadly in line with cancer waiting performance pre-COVID. Performance for 62 day wait for screening referral has worsened since April, but numbers are relatively low with only an activity of 3 in May. The phase 3 letter has requested that local Cancer Collaboratives develop a local plan to ensure cancer waiting time targets are met. There is a Cancer Collaborative meeting on Monday 10th August where the development of the plan will be discussed. The letter requests that collaboratives submit their plans in early September.	10	√				
	PC7	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.	20	4	4	4	4	20	↔	For 2019/20 year end, the annual cost pressure from NCSO was **£348,516** in addition to a cost pressure of **£653,903** for increased drug tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs. The cost impact for C&H CCG for Aug2019-Mar2020 was **£380,568.** The C&H primary care precribing costs for year end for 2019/20 showed break even position despite these cost pressures. For 2020/21, as of August 2020 prescribing data is only available for April &May 2020. Based on the 2 months data, the estimated annual cost pressure for NCSO is **£943,878** in addition to a cost pressure of **£86,070** for the associated cost pressure of increased Drug Tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs from June 2020. The cost impact for C&H CCG forJune2020-Mar2021 is estimated at **£480,618**. During 2017-18 the total year end impact for C&H was £1.3M NCSO - however the wider QiPP work delivered savings higher than the £1.3M cost pressure. This was a similar picture in 2018-19 & then for 2019-20 in that savings on the prescribing budget outweighed the NCSO cost pressure and the overall prescribing budget was underspent. In light of this, this risk was rescored to reduce the potential impact.	4		√	√	√	
BAU	PC8	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20	20	20	↔	Joint funding work is still under completion and due to be complete by autumn 2020. A further multiagency workshop needs to take place to ratify the tool and processes to be used, 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 accurate data captured around needs and so transition can happen in a 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. Looking to be presented at the ICB in the near future.	15	√	√	√	√	√

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BAU	PC12	Failure to commission an Adult complex obesity Service	15	6	9	9	9	15	↔	Delay in commissioning adult complex obesity service due to COVID. Business case has been approved and specification developed, but there are challenges with regards to securing funding for the service due to current block arrangements with the Homerton and the CCG's current position.	10	√			√	
BAU	PC13	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	25	5	n/a	25	25	25	↔	As part of the COVID-19 response, both LBH and CoL provided housing for all rough sleepers, including those with NRPF. LBH have committed to continuing this provision until the end of March 2021 and have procured two hotels near Finsbury Park to provide accommodation. CoL have also indicated they will carry on with the scaled up provision. The GLA are working with local authorities to decant the rough sleepers housed in their accommodation. The GLA are working with local authorities to ensure this transition is smooth. Health and Public Health are looking at how to coordinate wrap around care to ensure residents are well supported. This level of housing is in line with the principles of Housing First. Housing First had secured funding for the first year, but the outlook beyond this was less clear. Central Government made funding available for scaled up provision in the immediate response to COVID, but it's unclear whether funding will be made available in the medium-long term.	25	/	/		/	/